



MID-LEVEL HEALTH WORKER
REFERENCE MANUALS

HEALTH CENTER OPERATIONS





THE MEDEX PRIMARY HEALTH CARE SERIES

After completion of extensive field trials in Micronesia and in primary health care programs in Lesotho, Guyana, Pakistan, and Thailand, the methods and materials of the MEDEX technology have been published as The MEDEX Primary Health Care Series. The Series provides a systematic, practical, adaptable format for management and training in new or existing primary health care programs at all levels.

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Transportation System Workbook

- 4 Communication System Workbook
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Finance System Workbook
Health Information System Workbook

- 5 District and National Planning and Management Workshops Manual

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- 16 Student Text 17 Instructor's Manual
Skin
Dental, Eyes, Ears, Nose, and Throat

- 18, 19 Student Text 20 Instructor's Manual
Infectious Diseases
Other Common Problems

Maternal and Child Health Modules

- 21 Student Text 22 Instructor's Manual
Prenatal Care
Labor and Delivery
Postnatal Care

- 23 Student Text 24 Instructor's Manual
Problems of Women
Diseases of Infants and Children
Child Spacing

Health Center Management Modules

- 25 Student Text 26 Instructor's Manual
Working with the Health Team
Working with Support Systems

- 27 Student Text and Instructor's Manual
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- 28 Formulary
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- 29 Patient Care Procedures

- 30 Health Center Operations

- 31 Community Health
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The workbooks can be used to train new community health workers or to provide continuing education for existing community health workers. To prepare mid-level health workers to train community health workers, these workbooks are used along with the community health modules.

- 32 Introduction to Training
Clean Water and Clean Community
Prevention and Care of Diarrhea

- 33 Healthy Pregnancy
Feeding and Caring for Children

- 34 Some Common Health Problems
Tuberculosis and Leprosy
First Aid

- 35 Community Learning Materials:
Health Problems in the Community
Caring for Your Child
Caring for Your Sick Child
Clean Home and Clean Community
Illustrations for Training Community Health Workers

To order books or to obtain further information on The MEDEX Primary Health Care Series, write:
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HEALTH CENTER OPERATIONS

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Introduction

The Health Center Operations manual is a reference manual for mid-level health workers in charge of health centers. It explains the policies, procedures, and forms used at the health center level of the primary health care system. It also explains how the primary health care system is organized and provides management guidelines for mid-level health workers. The mid-level health workers must keep the Operations manual up to date if it is to be of maximum use to them.

This prototype manual is printed in a bound volume. After adapting the manual to its primary health care system, the ministry of health should publish the manual in a looseleaf binder. In this way, mid-level health workers can easily remove old sections and insert new sections when policies, procedures, and forms change.

ADAPTATION NOTE:

THIS MANUAL DESCRIBES EXAMPLES OF MANAGEMENT SUPPORT SYSTEMS FOR PRIMARY HEALTH CARE. THESE EXAMPLES ARE NOT INTENDED TO REPRESENT THE BEST SYSTEMS FOR ANY COUNTRY. TO BE USEFUL, THE SYSTEMS DESCRIBED MUST BE EXTENSIVELY ADAPTED TO MEET THE NEEDS IN YOUR COUNTRY.

SECTION 1

Drugs and Medical Supplies

1.1 POLICY STATEMENT

The mid-level health worker maintains drugs and medical supplies at authorized stock levels at his health center so the health team can carry out its duties. To ensure that the necessary drugs and medical supplies are available the mid-level health worker must:

- Inventory drugs and medical supplies on a regular basis
- Order drugs and medical supplies
- Receive and inspect shipments of drugs and medical supplies
- Obtain drugs and medical supplies from alternate sources
- Store and protect drugs and medical supplies
- Issue drugs and supplies to health team members authorized to prescribe them

1.2 STANDARD LIST OF DRUGS AND MEDICAL SUPPLIES AND AUTHORIZED STOCK LEVELS

The ministry of health has approved a list of drugs and medical supplies for use in health centers. This list is called the Standard List of Drugs and Medical Supplies. It is printed on the Inventory, Order, Issue, and Receipt Form. You may not order drugs and medical supplies which are not printed on the Standard List of Drugs and Medical Supplies.

Your district supervisor sets the authorized stock levels for drugs and medical supplies for your health center. The authorized stock levels vary depending on the patient load at the health center, how frequently supplies are delivered, how many community health workers are supplied by the health center, and other factors. Your supervisor writes the authorized stock levels on a copy of the Inventory, Order, Issue and Receipt form and signs and dates the form. Post this list in the drug storeroom.

Your supervisor reviews your health center's consumption of drugs and medical supplies from time to time and adjusts the authorized stock levels. You then post the current authorized stock levels in the drug storeroom.

Inventory, Order, Issue, and Receipt

MINISTRY OF HEALTH FORM 1

STANDARD LIST OF DRUGS AND MEDICAL SUPPLIES

Month _____

Health Center _____

Location _____

Page 1

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
001	Niclosamide, 500 mg tabs	bottle of 100					
002	Piperazine, 150 mg/ml elixir	1 liter bottle					
003	Bephenium hydroxynaphthoate, 2.5 g base granules	5g packet					
004	Tetrachlorethylene, 1 ml caps	bottle of 50					
005	Tetrachlorethylene, 2.5 ml caps	bottle of 50					
006	Tetrachlorethylene, 5 ml caps	bottle of 50					
007	Pyrantel pamoate, 250 mg / 5 ml suspension	1 liter bottle					
008	Ampicillin, 250 mg caps	bottle of 100					
009	Ampicillin, 125 mg / 5 ml oral suspension	200 ml bottle					
010	Ampicillin sodium, powder for solution	500 mg vial					
011	Penicillin G, 300 mg/ml injection	10 ml vial					
012	Benzathine penicillin, 300 mg/ml injection	10 ml vial					
013	Benzathine penicillin, 600 mg/ml injection	10 ml vial					
014	Penicillin V, 125 mg tabs	bottle of 100					
015	Penicillin V, 250 mg tabs	bottle of 100					
016	Penicillin V, 250 mg / 5 ml oral suspension	200 ml bottle					
017	Procaine, penicillin G, 300 mg/ml injection	10 ml vial					
018	Procaine, penicillin G, 600 mg/ml injection	10 ml vial					
019	Chloramphenicol, 250 mg caps	bottle of 100					
020	Chloramphenicol, 150 mg / 5 ml oral suspension	1 liter bottle					
021	Erythromycin, 250 mg caps	bottle of 100					
022	Erythromycin, 200 mg / 5 ml oral suspension	100 ml bottle					
023	Tetracycline, 125 mg caps	bottle of 100					
024	Tetracycline, 250 mg caps	bottle of 100					
025	Sulfadiazine, 300 mg tabs	bottle of 100					
026	Sulfadimidine, 500 mg tabs	bottle of 100					
027	Sulfadimidine, 500 mg / 5 ml mixture	1 liter bottle					
028	Diethylcarbamazine, 50 mg tabs	bottle of 50					
029	Dapsone, 25 mg tabs	bottle of 500					
030	Dapsone, 100 mg tabs	bottle of 1000					
031	Streptomycin, 500 mg/ml injection	10 ml vial					
032	Isoniazid, 50 mg tabs	bottle of 500					
033	Isoniazid, 100 mg tabs	bottle of 500					
034	Para-aminosalicylic acid, 500 mg tabs	bottle of 500					
035	Thiacetazone, 50 mg tabs	bottle of 100					
036	Thiacetazone, 75 mg tabs	bottle of 100					
037	Thiacetazone, 100 mg tabs	bottle of 100					
038	Metronidazole, 250 mg tabs	bottle of 100					
039	Mepacrine, 100 mg tabs	bottle of 100					
040	Chloroquine phosphate, 250 mg tabs	bottle of 100					
041	Chloroquine phosphate, 65 mg/ml injection	5 ml vial					
042	Griseofulvin, 125 mg tabs	bottle of 50					
043	Griseofulvin, 250 mg tabs	bottle of 50					
044	Alumina and magnesia, suspension	1 liter bottle					
045	Alumina and magnesia, tabs	bottle of 100					
046	Ipecac, syrup	100 ml bottle					
047	Lignocaine and hydrocortisone, suppository	box of 5					

STANDARD LIST OF DRUGS AND MEDICAL SUPPLIES

Page 2

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
048	Mineral oil	1 liter bottle					
049	Magnesium sulfate, crystals	1 kilo jar					
050	Aminophylline, 100 mg tabs	bottle of 100					
051	Epinephrine, 1:1000 injection	1 ml vial					
052	Glyceryl guaiacolate, 100 mg/5 ml syrup	1 liter bottle					
053	Glyceryl guaiacolate, 200 mg caps	bottle of 100					
054	Phenylephrine HCL, .25% solution	100 ml bottle					
055	Dextrose, 5% in water	1 liter bottle					
056	Dextrose, 5% 1/2 N.S.	1 liter bottle					
057	Normal saline	1 liter bottle					
058	Ringer's lactate	1 liter bottle					
059	Glucose, 50% solution	100 ml bottle					
060	Sterile water for injection	30 ml vial					
061	BCG vaccine	10 dose vial					
062	DPT vaccine	7.5 ml vial					
063	DT vaccine	5 ml vial					
064	Measles vaccine	single dose vial					
065	Polio vaccine	5 ml bottle					
066	Tetanus toxoid	5 ml bottle					
067	Glyceryl trinitrate, .3 mg tabs	bottle of 20					
068	Glyceryl trinitrate, .5 mg tabs	bottle of 20					
069	Glyceryl trinitrate, .6 mg tabs	bottle of 20					
070	Hydrochlorothiazide, 25 mg tabs	bottle of 100					
071	Hydrochlorothiazide, 50 mg tabs	bottle of 100					
072	Digoxin, 125 micrograms tabs	bottle of 100					
073	Digoxin, 250 micrograms tabs	bottle of 100					
074	Povidone-iodine, 10% solution	1 liter bottle					
075	Hydrogen peroxide, 3% solution	1 liter bottle					
076	Hydrocortisone, 1% ointment	20 gm tube					
077	Gentian violet, 1% solution	100 ml bottle					
078	Whitfield's ointment	250 g jar					
079	Nystatin, vaginal suppository tabs	bottle of 100					
080	Nystatin, 100,000 U/ml oral suspension	500 ml bottle					
081	Benzyl benzoate	1 liter bottle					
082	Gamma benzene hexachloride, 1% cream	250 g jar					
083	Gamma benzene hexachloride, 1% shampoo	500 ml bottle					
084	DDT, 10% powder	1 kg box					
085	Selenium sulfide, 2.5% lotion	250 ml bottle					
086	Petrolatum, ointment	500 g jar					
087	Triple sulf, vaginal suppository	box of 10					
088	Talcum powder	1 kg box					
089	Diethylstilbestrol, vaginal suppository	box of 20					
090	Lidocaine without epinephrine, 1% injection	50 ml vial					
091	Lidocaine without epinephrine, 2% injection	50 ml vial					
092	Lidocaine with epinephrine, 2% injection for dental use	1 ml vial					
093	Aspirin, 300 mg tabs	bottle of 100					
094	Morphine sulfate, 10 mg/ml injection	1 ml vial					
095	Pethidine, 50 mg/ml injection	1 ml vial					
096	Phenobarbital, 30 mg tabs	bottle of 100					
097	Phenobarbital, 60 mg tabs	bottle of 100					
098	Phenobarbital sodium, 120 mg/ml solution for injection	1 ml vial					

STANDARD LIST OF DRUGS AND MEDICAL SUPPLIES

Page 3

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
099	Amobarbital sodium, 250 mg w/diluent	1					
100	Diazepam, 5 mg/ml injection	10 ml vial					
101	Phenytoin, 100 mg caps	bottle of 100					
102	Phenytoin, 100 mg / 5 ml elixir	500 ml bottle					
103	Ethosuximide, 250 mg / 5 ml elixir	1 liter bottle					
104	Magnesium sulfate, 50% solution for injection	2 ml vial					
105	Atropine sulfate, 1 mg / ml solution for injection	10 ml vial					
106	Ergotamine tartrate (2 mg) and caffeine (100 mg), tabs	bottle of 50					
107	Chlorpromazine, 25 mg tabs	bottle of 50					
108	Chlorpromazine, 25 mg/ml injection	10 ml vial					
109	Tetracycline, 1% eye ointment	4 g tube					
110	Silver nitrate, 1% solution	5 ml bottle					
111	Penicillin G, eye ointment	4 g tube					
112	Ferrous sulfate, 300 mg / 10 ml suspension	1 liter bottle					
113	Ferrous sulfate, 300 mg tabs	bottle of 100					
114	Folic acid, 1 mg tabs	bottle of 100					
115	Folic acid, 5 mg tabs	bottle of 100					
116	Vitamin A, 4500 U caps	bottle of 100					
117	Vitamin A, 50,000 U/ml injection	10 ml vial					
118	Oral contraceptive pills	cycles					
119	Contraceptive jelly	100g container					
120	Contraceptive foam	100g container					
121	Intrauterine device (IUD) with inserter	1					
122	Condom	box of 12					
123	Diaphragm, assorted sizes	box of 12					
124	Ergonovine maleate, .2 mg/ml injection	1 ml vial					
125	Pitocin, 10 u/ml injection	1 ml vial					
126	Chlorpheniramine, 2 mg tabs	bottle of 50					
127	Chlorpheniramine, 10 mg/ml injection	30 ml vial					
128	Probenecid, 500 mg tabs	bottle of 50					
129	Betamethasone, 6 mg tabs	bottle of 10					
130	Gloves, rubber surgical size 6	1 pair					
131	Gloves, rubber surgical size 7	1 pair					
132	Gloves, rubber surgical size 8	1 pair					
133	Sputum container, 100 ml with lid	box of 20					
134	Knife blade, #21 detachable	box of 3					
135	Hypodermic needle, Luer fitting 18 G	box of 6					
136	Hypodermic needle, Luer fitting 22 G	box of 6					
137	Hypodermic needle, Luer fitting 24 G	box of 6					
138	Hypodermic needle, Luer fitting 26 G	box of 6					
139	Suture needle, 3/8 circle cutting assorted sizes	package of 1					
140	Suture needle, catgut 1/2 circle taper point	package of 6					
141	Suture, cotton, size 00 white	90 m					
142	Suture, silk size 00 USP	760 mm					
143	Suture, silk size 1 USP	760 mm					
144	Suture, silk size 3 USP	7 mm					
145	Suture, chromic catgut size 00	450 mm					
146	Suture, OB/GYN USP w/cutting point needle	package of 12					
147	Hand brush	1					
148	Nail file	1					
149	Adhesive tape, 25 mm	9 m roll					
150	Adhesive tape, 75 mm	4.5 m roll					

STANDARD LIST OF DRUGS AND MEDICAL SUPPLIES

Page 4

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
151	Bandage gauze, non-sterile 25 mm	9 m roll					
152	Bandage gauze, non-sterile 50 mm	9 m roll					
153	Bandage gauze, non-sterile 75 mm	9 m roll					
154	Triangular bandage, 914 mm	1					
155	Blood lancet, disposable	box of 100					
156	Gauze pad, sterile 76 x 76 mm	box of 12					
157	Ace bandage, elastic 4.5 meters	1					
158	Absorbent cotton, non-sterile	250 g box					
159	Cloth drape for female exam	1					
160	Apron or gown	1					
161	Umbilical tie	box of 50					
162	Razor	1					
163	Perineal pad	1					
164	Dental hypodermic needle, cartridge type 25 G x 1 1/2"	package of 6					
165	Cotton rolls, dental	package of 100					
166	Cement, Z.O.E., 50 g powder, 20 ml liquid	1 kit					
167	Intravenous tubing, 3.2 mm	30.5 m roll					
168	Tubing clamp, regulating	1					
169	Tubing adapter to Luer needle, 3.2 mm (plain)	1					
170	Tubing adapter to Luer needle, 3.2 mm (glass observation)	1					
171	Infusion set, scalp vein, pediatric, sterile, disp.	1					
172	Urethral catheter, soft rubber size 8	1					
173	Urethral catheter, soft rubber size 10	1					
174	Urethral catheter, soft rubber size 12	1					
175	Urethral catheter, soft rubber size 14	1					
176	Urethral catheter, soft rubber size 18	1					
177	Finger cot, small	box of 72					
178	Finger cot, medium	box of 72					
179	Finger cot, large	box of 72					
180	Breast pump	1					
181	Ear syringe	1					
182	Nasal feeding tube, 8 Fr (Infant)	1					
183	Stomach tube, 60"	1					
184	Indicator paper for protein	box of 100					
185	Indicator paper for sugar	box of 100					

1. Ordered by:	NAME	SIGNATURE	DATE
2. Approved by:	NAME	SIGNATURE	DATE
3. Issued by:	NAME	SIGNATURE	DATE
4. Received by:	NAME	SIGNATURE	DATE

ADAPTATION NOTE: THE DRUG STRENGTHS LISTED IN THE STANDARD LIST OF DRUGS AND MEDICAL SUPPLIES ARE TAKEN FROM *Martindale The Extra Pharmacopoeia*. YOU MUST ADAPT THIS LIST, THE FORMULARY, AND THE PATIENT CARE GUIDES TO CONFORM WITH THE DRUG STRENGTHS IN COMMON USE IN YOUR COUNTRY.

1.3 PROCEDURES AND FORM FOR INVENTORYING, ORDERING, ISSUING, AND RECEIVING DRUGS AND MEDICAL SUPPLIES

Maintain the stock of drugs and medical supplies at your health center by preparing an Inventory, Order, Issue, and Receipt form once a month. You should take approximately one hour per month to complete the inventory and order sections of the form. Carefully review the form and sign it before submitting it to your district supervisor. Send the drug and medical supply orders to your supervisor on a fixed day each month.

Follow these five steps in using the Inventory, Order, Issue, and Receipt form for drugs and medical supplies:

- Write the authorized stock levels on the form
- Inventory the drugs and medical supplies
- Calculate the quantity to order
- Sign, date, and submit the form
- Receive and inspect the drugs and medical supplies

Make an original plus three carbon copies of the Inventory, Order, Issue, and Receipt form.

Step 1: Write the authorized stock levels on the form

Write the authorized stock levels in Column 4 of the form. Copy these authorized levels from the list prepared by your supervisor and posted in the drug storeroom. In the example below, the authorized stock level for niclosamide tablets is four bottles and for piperazine elixir, three bottles.

Inventory, Order, Issue, and Receipt

STANDARD LIST OF DRUGS AND MEDICAL SUPPLIES

Month _____

Health Center _____

Location _____

Page 1

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
001	Niclosamide, 500 mg tabs	bottle of 100	4				
002	Piperazine, 150 mg/ml elixir	1 liter bottle	3				
003	Bephenium hydroxynaphthoate, 2.5 g base granules	5 g packet					
004	Tetrachlorethylene, 1 ml caps	bottle of 50					
005	Tetrachlorethylene, 2.5 ml caps	bottle of 50					
006	Tetrachlorethylene, 5 ml caps	bottle of 50					
007	Pyrantel pamoate, 250 mg/5 ml suspension	1 liter bottle					
008		bottle of 100					

Step 2: Inventory the drugs and medical supplies

To do an inventory, count the number of units in stock of the first drug listed on the printed order form. Write this number in Column 5, Quantity in Stock. Then count the number of units in stock of the second drug on the list and write this number in Column 5. Continue in this manner until you have completely filled in Column 5 of the form.

Inventory, Order, Issue, and Receipt

STANDARD LIST OF DRUGS AND MEDICAL SUPPLIES

Month _____
Page 1 _____

Health Center _____

Location _____

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
001	Niclosamide, 500 mg tabs	bottle of 100	4	2			
002	Piperazine, 150 mg/ml elixir	1 liter bottle	3	2			
003	Bephenium hydroxynaphthoate, 2.5 g base granules	5g packet					
004	Tetrachlorethylene, 1 ml caps	bottle of 50					
005	Tetrachlorethylene, 2.5 ml caps	bottle of 50					
006	Tetrachlorethylene, 5 ml caps	bottle of 50					
007	Pyrantel pamoate, 250 mg / 5 ml suspension	1 liter bottle					
008		bottle of 100					

In the example above, the mid-level health worker counted two bottles of niclosamide tablets and two bottles of piperazine elixer on the shelf in the storeroom.

Step 3: Calculate the quantity to order

To calculate the quantity of each item to order, subtract Column 5, Quantity in Stock, from Column 4, Authorized Stock Level. Write the result in Column 6, Quantity Ordered. See the examples below.

Calculating the quantity of niclosamide to order:

Authorized Stock Level	4 bottles
Quantity in Stock	<u>-2 bottles</u>
Quantity Ordered	2 bottles

Calculating the quantity of piperazine elixir to order:

Authorized Stock Level	3 bottles
Quantity in Stock	<u>-2 bottles</u>
Quantity Ordered	1 bottle

The mid-level health worker writes “2” and “1” in Column 6 as shown in the following example.

Inventory, Order, Issue, and Receipt

STANDARD LIST OF DRUGS AND MEDICAL SUPPLIES

Month _____

Health Center _____

Location _____

Page 1

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
001	Niclosamide, 500 mg tabs	bottle of 100	4	2	2		
002	Piperazine, 150 mg/ml elixir	1 liter bottle	3	2	1		
003	Bephenium hydroxynaphthoate, 2.5 g base granules	5 g packet					
004	Tetrachlorethylene, 1 ml caps	bottle of 50					
005	Tetrachlorethylene, 2.5 ml caps	bottle of 50					
006	Tetrachlorethylene, 5 ml caps	bottle of 50					
007	Pyrantel pamoate, 250 mg / 5 ml suspension	1 liter bottle					
008		bottle of 100					

Step 4: Sign, Date, and Submit the Form

Print the name and location of the health center and the month you are ordering for. Sign and date the last page of the form as shown in the sample below.

Inventory, Order, Issue, and Receipt

STANDARD LIST OF DRUGS AND MEDICAL SUPPLIES

Month MayHealth Center SatituaLocation Alepata District

Page 1

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
001	Niclosamide, 500 mg tabs	bottle of 100	4	2	2		
002	Piperazine, 150 mg/ml elixir	1 liter bottle	3	2	1		
003	Bephenium hydroxynaphthoate, 2.5 g base granules	5 g packet	25	12	13		
004	Tetrachlorethylene, 1 ml caps	bottle of 50	3	2	1		
005	Tetrachlorethylene, 2.5 ml caps	bottle of 50	2	1	1		
006	Tetrachlorethylene, 5 ml caps	bottle of 50	2	1	1		
007	Pyrantel pamoate, 250 mg / 5 ml suspension	1 liter bottle	3	1	2		
008		bottle of 100	4	4	0		
	Finger cot, small						
178	Finger cot, medium	box of 72					
179	Finger cot, large						
180	Breast pump	1	1	0	1		
181	Ear syringe	1	2	1	1		
182	Nasal feeding tube, 8 Fr (Infant)	1	3	1	2		
183	Stomach tube, 60"	1	2	2	0		
184	Indicator paper for protein	box of 100	2	2	0		
185	Indicator paper for sugar	box of 100	2	1	1		

1. Ordered by: Malia VailimaMalia Vailima29 April 1982

2. Approved by: _____

SIGNATURE

DATE

3. Issued by: _____

SIGNATURE

DATE

4. Received by: _____

SIGNATURE

DATE

SIGNATURE

DATE

Submit the original plus two copies of the form to the district supervisor for approval. Keep the third carbon copy of the form in the health center's Drug Orders Pending file.

The district supervisor reviews the order and signs and dates the last page of the form as shown in the sample above. He submits the original plus the two copies of the form to the central pharmacy. He does not keep a copy of the form.

The central pharmacy fills the order. The pharmacist will complete Column 7, Quantity Issued. He then signs and dates the last page of the form.

The pharmacist puts the second copy of the form in the central pharmacy's temporary file. He returns the original and the first copy to you at the health center when the drugs and supplies are delivered. These two copies are the issue voucher for the order.

Step 5: Receive and inspect the drugs and medical supplies

When you receive a drug and medical supply shipment, unpack it immediately.

Count each item to make sure that the quantity marked in Column 7, Quantity Issued, is the same as the quantity delivered. If so, make a check mark in Column 8, Remarks. If not, note the discrepancy in Column 8. In the example below, one bottle of piperazine was issued, but it did not arrive with the order. Therefore, the mid-level health worker wrote "not received" in the Remarks column. Whenever the actual quantity delivered is less than the amount shown in the Quantity Issued column, it means that the central pharmacy made an error or that the missing items were lost or stolen while being transported. The pharmacist will investigate all such discrepancies.

Inspect each item to make sure it is in good condition. If not, describe the damage or other defects under Remarks. In the example on the following page, the mid-level health worker noted that the bottle of tetrachloroethylene was broken when the order arrived.

Compare Column 6, Quantity Ordered, with Column 7, Quantity Issued. Sometimes, the central pharmacy does not supply the exact quantity ordered. In such cases, the pharmacist will explain the discrepancy in the Remarks column. In the example below, no packets of bethovenium hydroxynaphthoate were sent because this item was out of stock at the central pharmacy. However, most items are supplied as ordered, and neither you nor the pharmacist will need to comment in the remarks column. In the following example, two bottles of niclosamide tablets were ordered, issued, and delivered. Therefore, the Remarks column is empty except for a check mark.

Inventory, Order, Issue, and Receipt

STANDARD LIST OF DRUGS AND MEDICAL SUPPLIES

Month MayHealth Center SatituaLocation Alepata District

Page 1

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
001	Niclosamide, 500 mg tabs	bottle of 100	4	2	2	2	✓
002	Piperazine, 150 mg/ml elixir	1 liter bottle	3	2	1	1	Not received
003	Bephenium hydroxynaphthoate, 2.5 g base granules	5g packet	25	12	13	0	Out of stock
004	Tetrachlorethylene, 1 ml caps	bottle of 50	3	2	1	1	Bottle broken
005	Tetrachlorethylene, 2.5 ml caps	bottle of 50	2	1	1	1	✓
006	Tetrachlorethylene, 5 ml caps	bottle of 50	2	1	1	1	✓
007	Pyrantel pamoate, 250 mg / 5 ml suspension	1 liter bottle	3	1	2	2	✓
008	Ampicillin, 250 mg caps	bottle of 100	4	4	0	0	

	Fingercot, small						
178	Fingercot, medium	box of 72			0	0	✓
179	Fingercot, large	box of 72			0	0	
180	Breast pump	1	1	0	1	1	✓
181	Earsyringe	1	2	1	1	1	✓
182	Nasal feeding tube, 8 Fr (Infant)	1	3	1	2	2	✓
183	Stomach tube, 60"	1	2	2	0	0	
184	Indicator paper for protein	box of 100	2	2	0	0	
185	Indicator paper for sugar	box of 100	2	1	1	1	✓

1. Ordered by: Malia VailimaMalia Vailima

29 April 1982

2. Approved by: Tofa Taape NAMETofa Taape SIGNATURE

30 April 1982

3. Issued by: P. Tanoaese NAMEP. Tanoaese SIGNATURE

4 May 1982

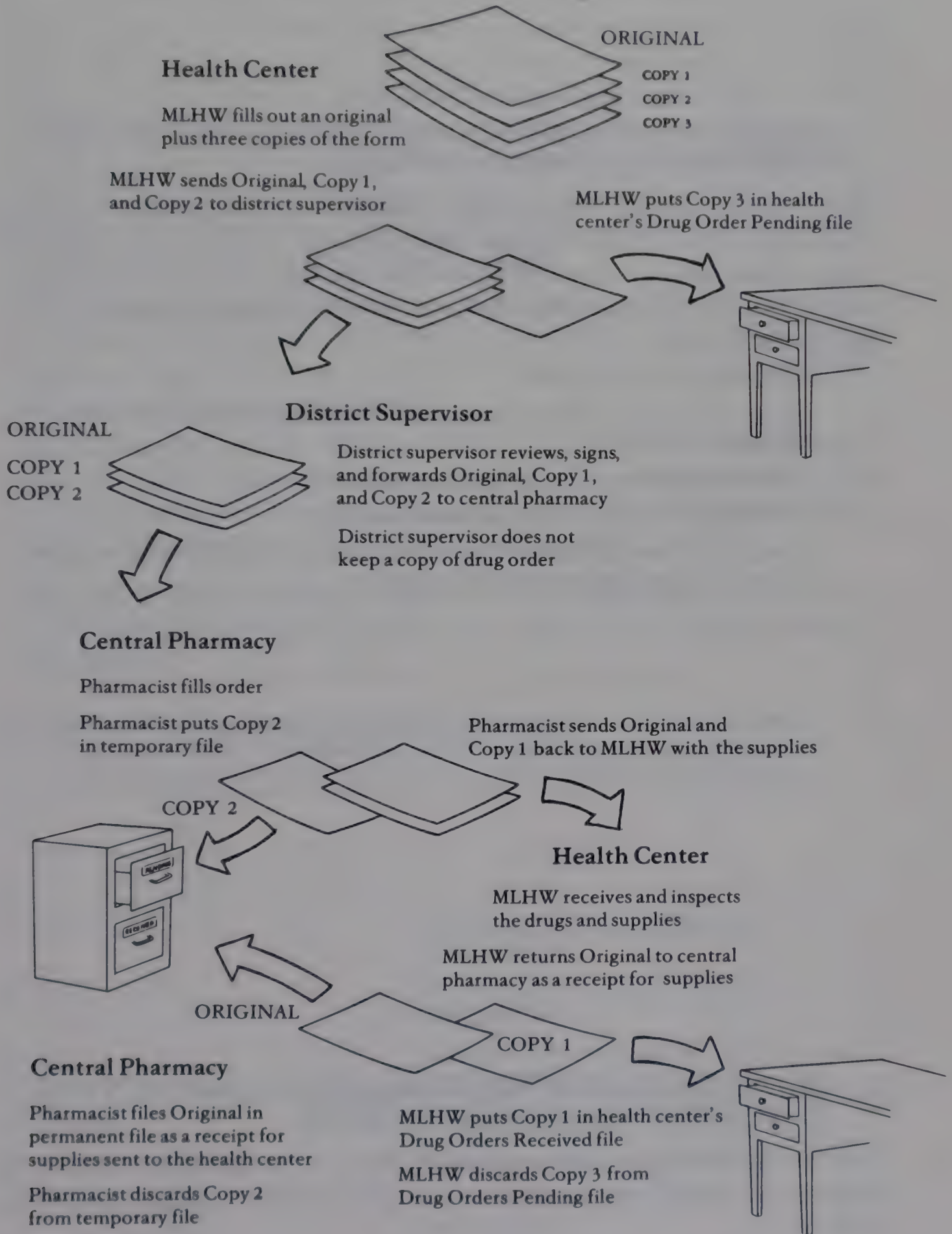
4. Received by: Malia Vailima NAMEMalia Vailima SIGNATURE

7 May 1982

After thoroughly inspecting the drug shipment and noting all discrepancies in the Remarks column, sign and date the last page of the form on the line marked "Received by." Return the original to the central pharmacy as a receipt. Put the first copy in the health center's Drug Orders Received file. Remove the third copy of this order from the Drug Orders Pending file and discard it.

Always fill out the Inventory, Order, Issue, and Receipt form with an original plus three copies. The following flow chart shows where the copies of the form go.

FLOW CHART - INVENTORY, ORDER, ISSUE,
AND RECEIPT FORM FOR DRUGS AND MEDICAL SUPPLIES



1.4 PROCEDURES FOR OBTAINING DRUGS AND MEDICAL SUPPLIES FROM OTHER SOURCES

The central pharmacy is the primary source of drugs and medical supplies for health centers. However, you must use other sources when essential drugs and supplies are out of stock and the central pharmacy is not able to supply them. Use these alternate sources of drugs and medical supplies for health centers:

Your district supervisor

Nearest ministry of health hospital, usually the referral hospital for the health center

Nearest ministry of health pharmacy or dispensary

Other government or private health facility

Local purchase at nearby drug stores, pharmacies, chemists, or other shops selling drugs and medical supplies

ADAPTATION NOTE: LIST SPECIFIC PROCEDURES FOR OBTAINING DRUGS AND MEDICAL SUPPLIES FROM ALTERNATE SOURCES IN YOUR COUNTRY.

1.5 PROCEDURES FOR THE STORAGE AND PROTECTION OF DRUGS AND MEDICAL SUPPLIES

Use the following procedures to ensure that your health center's stock of drugs and medical supplies is stored properly and protected from loss or damage.

Procedures for Storing Drugs

Store drugs and medical supplies in a clean, dry, well ventilated, and cool place. Maximum temperature should not be above 30°C. Do not store drugs near a stove or heater or in direct sunlight. However, you should provide enough light in the storage area so drug labels can be read easily.

Store drugs and medical supplies on shelves, not on the floor. Keep drugs and supplies in their original packaging, or store them in airtight tins or glass jars. Clearly label all containers. Arrange drug and supply items on the shelves in the same order as they are listed on the printed Inventory, Order, Issue, and Receipt form. This makes doing the monthly inventory easier. Arrange drugs and supplies neatly on the shelves so they can be found quickly when needed. Place newly delivered drugs and supplies on the back of the shelf so older stock is used first.

Keep drugs and supplies locked in a storeroom or cupboard. If the storeroom has an outside window, the window should have bars. During working hours, keep the storage area locked if drugs are not being dispensed. Always lock the storage area at night.

You, the auxiliary nurse, and the midwife are authorized to enter the storage area. Each of you should have a key or use a combination lock. Do not keep one key in a secret place for all of you to use because unauthorized persons may find the key and enter the storage area.

Train health team members to handle drugs carefully and correctly. This is especially important for drugs that are sensitive to heat, cold, moisture, and sunlight.

Drugs and Vaccines Requiring Refrigeration

Store the drugs and vaccines listed below in a refrigerator or freezer.

NAME OF DRUG/VACCINE	COMMENTS
1. BCG	Keep cool. Store in refrigerator. Do not freeze.
2. DPT	Keep cool. Store in refrigerator. Do not freeze.
3. DT	Keep cool. Store in refrigerator. Do not freeze.
4. Measles	Keep frozen. Store in freezer.
5. Polio (oral vaccine)	Keep frozen. Store in freezer.
6. Tetanus toxoid	Keep cool. Store in refrigerator. Do not freeze.
7. Penicillin G (reconstituted)	Keep cool. Store in refrigerator. Use within four days.

The system for keeping vaccines cold or frozen when transporting and storing them as they move from the central pharmacy to the health center to the patient is called the cold chain. If there is no refrigeration, the cold chain breaks down and vaccines lose their potency.

The central pharmacy delivers vaccines to your health center in refrigerated boxes. Unpack the box immediately when the shipment arrives.

Check to make sure that the measles and polio vaccines are frozen. If so, put them in the freezer. If not, they are spoiled and you should not use them. Set them aside and give them to your supervisor on his next visit. Then put the BCG, DPT, DT, and tetanus toxoid vaccines in the refrigerator. Do not store vaccines on the inside of the door of the refrigerator. If you do, you will expose them to warm air every time you open the refrigerator door.

Since vaccines are destroyed by heat, make sure that the refrigerator is working properly. Place a thermometer in the refrigerator so that you can check the temperature daily.

Damaged or Outdated Drugs

When doing the inventory for the monthly order, check the entire drug stock for outdated or soon to be outdated items. Damaged or outdated drugs are dangerous. Remove them from the storage area as soon as you discover them. Keep these damaged or outdated drugs in a special place and give them to the supervisor on his next visit to the health center. The supervisor will give you a receipt for these drugs. Put this receipt in the Drug Orders Received file, so you will have a record of damaged and outdated drugs removed from the health center.

Narcotic Drugs

Narcotics are powerful, habit forming drugs. You must give them special protection. Store narcotic drugs in a special locked cabinet. This cabinet should be securely bolted or nailed to a wall or floor. Keep the cabinet locked at all times. Only you, the mid-level health worker, should have a key to this cabinet.

Morphine sulfate and pethidine are narcotics. Keep them in the narcotic drug cabinet.

List narcotic drugs on special inventory cards. Keep one card for each narcotic drug. Whenever a narcotic drug is delivered to the health center, or whenever a narcotic drug is dispensed to a patient, enter it on the inventory card for that drug. Keep the cards locked inside the narcotic drug cabinet.

Narcotic Drug Inventory Card

MINISTRY OF HEALTH FORM 2

Health Center Satitoo Location Alepata District Card No. 1
 Name of Drug Morphine sulfate Description 1 ml vial for injection

DATE	QUANTITY RECEIVED	QUANTITY DISPENSED	BALANCE IN STOCK	NAME OF PATIENT	DISPENSED BY
20 May '82	10	—	10	—	
26 May '82		1	9	Tavita Petaia	Malia Vailima
2 June '82		2	7	Malia + Sione Toilolo	Malia Vailima
21 June '82	5	—	12		

In the sample card above, ten vials of morphine sulfate were received on May 20, 1982. One injection was given to a patient named Tavita Petaia on May 26, 1982. This left a balance of nine vials. On June 2, 1982, one vial each was given to patients named Sione and Malia Toilolo following an auto accident. This left a balance of seven vials in stock. On June 21, 1982, five vials were received from the central pharmacy. This raised the number of vials of morphine sulfate in stock to twelve.

1.6 GUIDELINES FOR DISPENSING DRUGS TO PATIENTS

See the Formulary for guidelines for dispensing drugs. Topics covered include measuring drug dosages, administering drugs, explaining the use of drugs to patients, drug labeling, and other related topics.

1.7 PROCEDURES AND FORM FOR ISSUING DRUGS AND MEDICAL SUPPLIES TO COMMUNITY HEALTH WORKERS

If you issue medicines or supplies for community health workers, use the form for Issue of Drugs and Supplies to Community Health Workers. Complete the original and one carbon copy of the form.

To use the form:

Write in the name of the community health worker and the name of his community

Write in the item description, quantity issued, and remarks

Sign and date the form

Have the community health worker sign and date the form when he receives the items

Keep the original copy of the form

Give the carbon copy to the community health worker

Drugs and Supplies Issued to Community Health Workers

MINISTRY OF HEALTH FORM 3

Name of CHW *Lisa Aiona*

Name of Community *Malaela*

ITEM DESCRIPTION	QUANTITY ISSUED	REMARKS
<i>Lindane Lotion</i>	<i>/</i>	
<i>Tetracycline Ointment</i>	<i>/</i>	
<i>Arm band</i>	<i>/</i>	<i>To replace lost arm band</i>

Issued by *Malia Vailima*

Signature of CHW *Lisa Aiona*

Health Center *Satitoo*

Date *1 October 1982*

Date *30 September 1982*

SECTION 2

General Supplies

2.1 POLICY STATEMENT

The mid-level health worker maintains general supplies at authorized stock levels so the health team has enough supplies to carry out its duties. To do this, the mid-level health worker must:

- Inventory general supplies on a regular basis
- Order general supplies
- Receive and inspect shipments of supplies
- Purchase supplies locally
- Store and protect supplies

2.2 STANDARD LIST OF GENERAL SUPPLIES AND AUTHORIZED STOCK LEVELS

The ministry of health has approved a standard list of general supplies for use in health centers. This list is printed on the Inventory, Order, Issue, and Receipt form for general supplies. The authorized stock levels vary according to patient load, remoteness of the health center, and other factors. Your district supervisor sets the authorized stock levels for general supplies at each health center. He writes the authorized levels on a copy of the Inventory, Order, Issue, and Receipt form for general supplies. Post this list in the supply storeroom.

If the health center needs additional supply items or if the authorized stock levels are not adequate, discuss the problem with your district supervisor.

Inventory, Order, Issue, and Receipt

MINISTRY OF HEALTH FORM 4

STANDARD LIST OF GENERAL SUPPLIES

Month _____

Health Center _____

Location _____

Page 1

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
001	Hand soap	Bar					
002	Detergent powder	1 kg					
003	Liquid disinfectant	1 liter					
004	Bleach	1 liter					
005	Mop	1					
006	Broom	1					
007	Bucket	1					
008	Cleaning cloth	1					
009	Scrub brush	1					
010	Wooden matches	box					
011	Candle	box of 12					
012	Liquid insecticide	1 liter					
013	Sheet, single bed size	1					
014	Sheet, waterproof	1					
015	Blanket, single bed size	1					
016	Blanket, newborn	1					
017	Towel, large	1					
018	Towel, hand	1					
019	Pillowcase	1					
020	Pillow	1					
021	Toilet paper	roll					
022	Ballpoint pen	1					
023	Pencil	1					
024	Chalk	box					
025	Stationery	sheets					
026	Envelope, letter size	1					
027	Envelope, large size	1					
028	Manila file folder	1					
029	Notebook	1					
030	Carbon paper	sheets					
031	Paper clips	box					
032	Eraser, chalkboard	1					

STANDARD LIST OF GENERAL SUPPLIES (CONTINUED)

Page 2

[illegible]

1. Ordered by: _____	NAME	SIGNATURE	DATE
2. Approved by: _____	NAME	SIGNATURE	DATE
3. Issued by: _____	NAME	SIGNATURE	DATE
4. Received by: _____	NAME	SIGNATURE	DATE

**2.3 PROCEDURES AND FORM FOR INVENTORYING,
ORDERING, ISSUING, AND RECEIVING GENERAL
SUPPLIES**

Maintain the stock of general supplies at your health center by preparing an Inventory, Order, Issue, and Receipt form for general supplies once a month. Take approximately one half hour per month to complete the inventory and order sections of the form. You may train another member of the team to take the inventory of supplies and prepare the order. If this is the case, you must still review and sign the form before submitting it to your district supervisor. Submit the general supply orders to the supervisor on a fixed day each month along with the drug and medical supply order.

Follow these five steps in using the Inventory, Order, Issue, and Receipt form for general supplies:

- Write the authorized stock levels on the form
- Inventory the supplies
- Calculate the quantity to order
- Sign, date, and submit the form
- Receive and inspect the supplies

Make an original plus three copies of the form.

Inventory, Order, Issue, and Receipt

STANDARD LIST OF GENERAL SUPPLIES

Month _____

Health Center _____

Location _____

Page 1

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
001	Hand soap	Bar	6				
002	Detergent powder	1 kg					
003	Liquid disinfectant	1 liter					
004	Bleach	1 liter					
005	Mop	1					

Step 1: Write the authorized stock levels on the form

Write the authorized stock levels for the health center in Column 4 of the form. Copy these authorized stock levels from the list prepared by the district supervisor and posted in the supply storeroom. In the example above, the authorized stock level for hand soap is six bars.

Step 2: Inventory the general supplies

To do an inventory, count the number of units in stock of the first supply item listed on the printed order form. Write this number in Column 5, Quantity in Stock. Then count the number of units in stock of the second item on the list and write this number in Column 5. Continue in this manner until you have completely filled in Column 5 of the form.

Inventory, Order, Issue, and Receipt

STANDARD LIST OF GENERAL SUPPLIES

Month

Health Center

Location

Page 1

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
001	Hand soap	Bar	6	3			
002	Detergent powder	1 kg					
003	Liquid disinfectant	1 liter					
004	Bleach	1 liter					
005	Mop	1					

In the example above, the mid-level health worker counted three bars of soap on the shelf in the storeroom, and wrote “3” in Column 5.

Step 3: Calculate the quantity to order

To calculate the quantity to order for each item subtract Column 5, Quantity in Stock, from Column 4, Authorized Stock Level. Write the result in Column 6, Quantity Ordered. See the example below.

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
001	Hand soap	Bar	6	3	3		
002	Detergent powder	1 kg					
003	Liquid disinfectant	1 liter					
004	Bleach	1 liter					
005	Mop	1					

Calculating the quantity of hand soap to order:

Authorized Stock Level	6 bars
Quantity in Stock	-3 bars
Quantity Ordered	3 bars

Write “3” in Column 6 as shown in the example above.

Step 4: Sign, date, and submit the form

Sign and date the last page of the form as shown in the sample form below. Print the name and location of the health center, plus the month you are ordering for.

Inventory, Order, Issue, and Receipt

STANDARD LIST OF GENERAL SUPPLIES

Month July

Health Center Satitua

Location Alepata District

Page 1

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
001	Hand soap	Bar	6	3	3		
002	Detergent powder	1 kg	2	0	2		
003	Liquid disinfectant	1 liter	3	2	1		
004	Bleach	1 liter	2	1	1		
005	Mop	1	1	1	0		

Application for Leave Form							
Patient Card				10	40		
Labor Chart			15	5	10		
Other supplies (specify)							

1. Ordered by: <u>Malia Vailima</u>	<u>Malia Vailima</u>	<u>2 July 1982</u>
	NAME	DATE
2. Approved by: <u>Tofa Taape</u>	<u>Tofa Taape</u>	<u>4 July 1982</u>
	NAME	DATE
3. Issued by: _____	_____ SIGNATURE	_____ DATE
	NAME	
4. Received by: _____	_____ SIGNATURE	_____ DATE
	NAME	

Submit the original plus two copies of the form to the district supervisor for approval. Keep the third copy of the form in the health center's Supply Orders Pending file.

The supervisor reviews the order and signs and dates the last page of the form as shown in the sample above. He submits the original plus the two copies of the form to central stores. He does not keep a copy of the form.

Central stores fills the order. The storeman completes Column 7, Quantity Issued, and signs and dates the last page of the form.

The storeman puts the second copy of the form in the central stores temporary file. He returns the original and the first copy to you with the supplies. The original and first copy are the issue voucher for the order.

Step 5: Receive and inspect the supplies

When you receive a shipment of supplies, count each item to make sure that the quantity marked in Column 7, Quantity Issued is the same as the quantity delivered. If so, make a check mark in Column 8, Remarks. If not, note the discrepancy in Column 8. In the example below, three bars of soap were issued, but only two bars arrived with the order. Therefore, the mid-level health worker wrote "only two bars received" in the Remarks column. Whenever the actual quantity delivered is less than the amount shown in the Quantity Issued column, it means that central stores made an error or that the missing items were lost or stolen while being transported. The storeman will investigate all such discrepancies.

Inspect each item to make sure it is in good condition. If not, describe the damage or other defects under Remarks. In the example below, one box of detergent was lost because it spilled out into the delivery truck while the order was being transported to the health center.

Compare Column 6, Quantity Ordered, with Column 7, Quantity Issued. Sometimes, central stores does not supply the exact quantity ordered. In such cases, the storeman will explain the discrepancy in the Remarks column. In the example below, no disinfectant was sent because this item was out of stock at central stores.

Inventory, Order, Issue, and Receipt

STANDARD LIST OF GENERAL SUPPLIES

Month July

Health Center Satitova

Location Alepata District

Page 1

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
001	Hand soap	Bar	6	3	3	3	only 2 bars received
002	Detergent powder	1 kg	2	0	2	2	1 box destroyed
003	Liquid disinfectant	1 liter	3	2	1	0	out of stock
004	Bleach	1 liter	2	1	1	1	✓
005	Mop	1	1	1	0	0	

After thoroughly inspecting the supply shipment and noting all discrepancies in the Remarks column, sign and date the last page of the form.

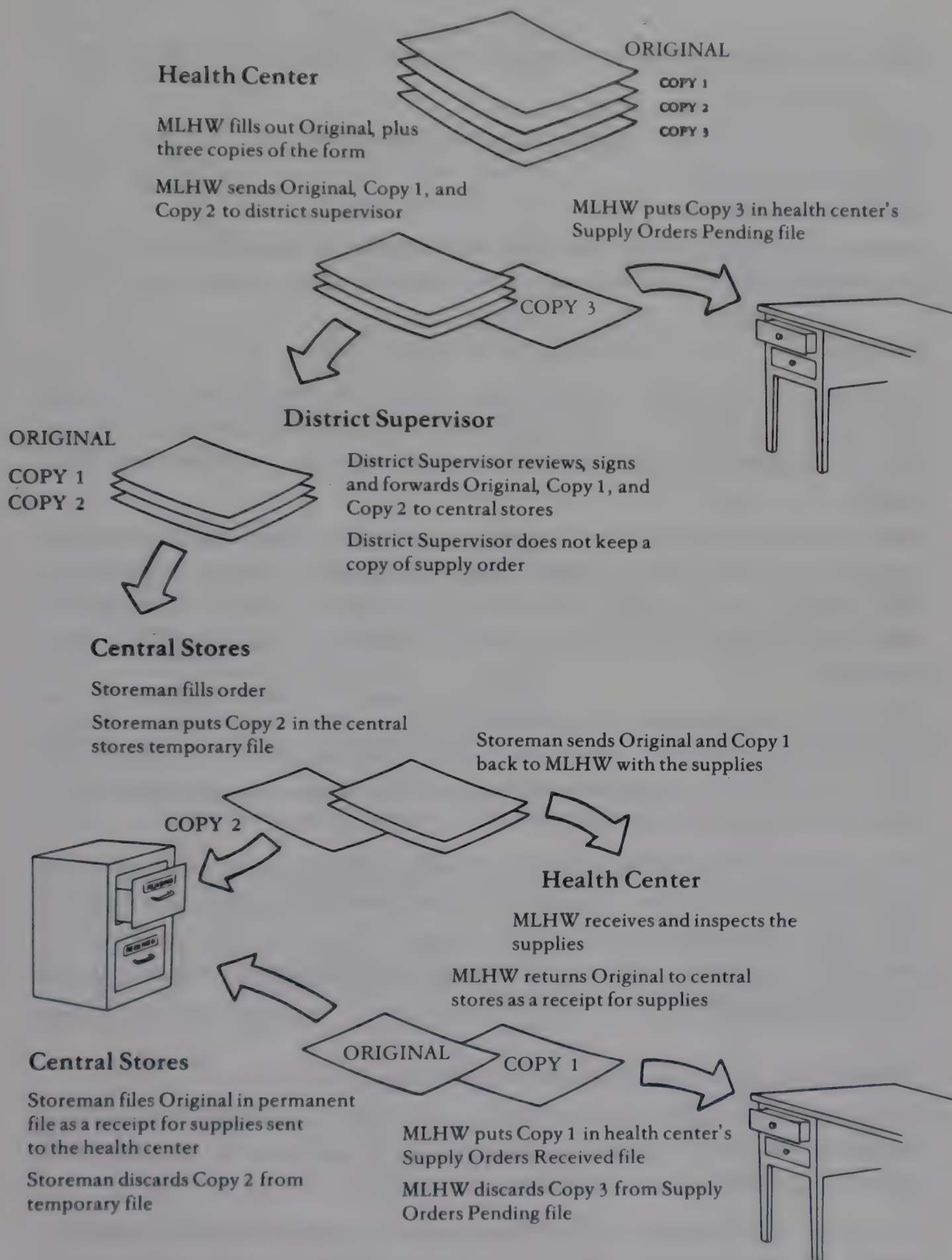
Application for Leave Form							
Patient Card				40	40	✓	
Labor Chart		15	5	10	10	✓	
Other supplies (specify)							

1. Ordered by: <u>Malia Vailima</u>	<u>Malia Vailima</u>	<u>2 July 1982</u>
	SIGNATURE	DATE
2. Approved by: <u>Tofa Taape</u>	<u>Tofa Taape</u>	<u>2 July 1982</u>
	SIGNATURE	DATE
3. Issued by: <u>Auna Petaia</u>	<u>Auna Petaia</u>	<u>8 July 1982</u>
	SIGNATURE	DATE
4. Received by: <u>Malia Vailima</u>	<u>Malia Vailima</u>	<u>11 July 1982</u>
	SIGNATURE	DATE

Return the original to central stores as a receipt. Put the first copy in the health center's Supply Orders Received file. Remove the third copy of this order from the Supply Orders Pending file and discard it.

The Inventory, Order, Issue, and Receipt form described in these five steps is always filled out with an original plus three copies. The flow chart on the next page shows where each copy of the form goes.

FLOW CHART - INVENTORY, ORDER, ISSUE AND RECEIPT FORM FOR GENERAL SUPPLIES



2.4 PROCEDURES AND FORM FOR PURCHASING SUPPLIES LOCALLY

Make local purchases by requesting a local purchase order from the ministry of health. Or pay for the supplies with personal or community funds and then request a reimbursement from the ministry of health.

Carry out both procedures by using the Request for Local Purchase Order or Local Purchase Reimbursement form at the end of this section.

Procedure 1: Request for a Local Purchase Order

If you need to request a local purchase order from the ministry of health, fill in Columns 1 and 2, the supply item and the quantity needed. In Column 5, Remarks, briefly explain why you want to purchase this item locally.

Visit a shop that accepts government purchase orders and find out the exact price of the items you need. Enter this price in Column 3, Unit Cost. Multiply the Unit Cost times the Quantity to get the total cost. Enter the total cost in Column 4. Write the name of the shop or supplier in the space provided.

Write the total amount from Column 4 in the blank space provided in Part I, Request for Local Purchase Order. See sample at the end of this section. Submit the original to your supervisor. Keep a copy in your Local Purchase Order Requests file.

When you receive the actual Local Purchase Order, take it to the shop and pick up the supplies. Check to see that the supplies are in good condition. Then sign the Local Purchase Order. Give one copy to the shop owner and return one copy to your supervisor. Put the other copy in your Local Purchase Orders Received file.

Procedure 2: Request for Reimbursement

If you purchase supplies for the health center with personal or community funds, ask the shopowner for a receipt. Using this receipt, fill in the Request for Local Purchase Reimbursement form.

In the space provided, write the name of the person who is to be reimbursed. Write this name and the total amount from Column 4 in the blank spaces provided in Part II, Request for Local Purchase Reimbursement. Sign the form and submit the original plus the receipt to your supervisor. Keep a copy in your Reimbursement Requests file.

Remember to attach the receipt to the request form. The ministry of health cannot reimburse any amount without a receipt.

Request for Local Purchase Order or Local Purchase Reimbursement

MINISTRY OF HEALTH FORM 5

Health Center Satitua Location Alepata District
Name of shop or person to be reimbursed Pasi's Shop

1. ITEM	2. QUANTITY	3. UNIT COST	4. TOTAL COST	5. REMARKS
<u>Pens</u>	<u>4</u>	<u>.25</u>	<u>1.00</u>	<u>out of stock at central stores</u>
<u>Broom</u>	<u>1</u>	<u>2.75</u>	<u>2.75</u>	<u>out of stock at central stores</u>
		<u>Total</u>	<u>\$ 3.75</u>	

PART I REQUEST FOR LOCAL PURCHASE ORDER

I request that a local purchase order in the amount of \$ 3.75 be made out for the items listed above.

PART II REQUEST FOR LOCAL PURCHASE REIMBURSEMENT

I request that _____ be reimbursed for the amount of \$ _____
(NAME OF PURCHASER)
for the items listed above. Receipts attached

Signature of MLHW Malia Vailima Date 4 Sept. 1982
Signature of District Supervisor Toja Taape Date 6 Sept. 1982

FINANCE DEPARTMENT

Approved by _____ Date _____
Local Purchase Order Issued _____ Amount \$ _____ Date _____
Reimbursement Issued _____ Amount \$ _____ Date _____

When the ministry of health makes the reimbursement, mark the copy of the request in the Reimbursement Requests file as paid. Then put this copy into the Reimbursements Received file.

Request for Local Purchase Order or Local Purchase Reimbursement

MINISTRY OF HEALTH FORM 5

Health Center Satitoo Location Alepata District
 Name of shop or person to be reimbursed Malia Vailima

1. ITEM	2. QUANTITY	3. UNIT COST	4. TOTAL COST	5. REMARKS
<u>Pencil</u>	<u>3</u>	<u>.15</u>	<u>.45</u>	<u>Out of stock at health center</u>
<u>Cotton</u>	<u>1 box</u>	<u>.95</u>	<u>.95</u>	<u>Out of stock at health center</u>
<u>Firewood</u>	<u>1 load</u>	<u>5.00</u>	<u>5.00</u>	<u>Authorized by District Supervisor</u>
		<u>Total</u>	<u>\$ 6.40</u>	

PART I REQUEST FOR LOCAL PURCHASE ORDER

I request that a local purchase order in the amount of \$_____ be made out for the items listed above.

PART II REQUEST FOR LOCAL PURCHASE REIMBURSEMENT

I request that Malia Vailima be reimbursed for the amount of \$ 6.40
(NAME OF PURCHASER)
 for the items listed above. Receipts attached.

Signature of MLHW Malia Vailima Date 16 Sept 1982
 Signature of District Supervisor Tofa Taape Date 19 Sept 1982

FINANCE DEPARTMENT

Approved by _____	_____	Date _____
Local Purchase Order Issued _____	Amount \$ _____	Date _____
Reimbursement Issued _____	Amount \$ _____	Date _____

2.5 PROCEDURES FOR THE STORAGE AND PROTECTION OF GENERAL SUPPLIES

Store general supplies properly and protect them from loss or damage. You may keep them in the same storage area as drugs and medical supplies. Place general supplies on shelves separate from the drugs and medical supplies if you keep them in the same storage area.

The storage and protection of general supplies is simpler than the storage and protection of drugs and medical supplies. This is so because general supplies do not need refrigeration and do not have expiration dates like certain drugs. Review the storage and protection procedures described in Section 1.5 of this manual. The basic procedures apply to the storage and protection of general supplies as well as to drugs and medical supplies.

SECTION 3

Facilities and Equipment Maintenance

3.1 POLICY STATEMENT

The mid-level health worker maintains the health center facilities and equipment in good operating condition. To do this the mid-level health worker must

- Operate the facilities and equipment properly
- Inventory facilities and equipment
- Establish and carry out a program of regular preventive maintenance on facilities and equipment
- Perform simple maintenance and repair tasks on facilities and equipment
- Request and supervise the repair of damaged facilities and equipment
- Report loss, theft, or damage to facilities and equipment

3.2 STANDARD LIST OF HEALTH CENTER FACILITIES AND EQUIPMENT AND PREVENTIVE MAINTENANCE GUIDE

FACILITIES	TYPE OF PREVENTIVE MAINTENANCE	MAINTENANCE INTERVAL
* Buildings	Sweep floors	Daily
	Mop floors; clean windows	Weekly
	Inspect walls, floors, ceilings, windows, doors, and screens for damage; inspect roof and gutter for leaks; inspect foundations and woodwork for damage by insects or water; repair all damage found during inspections	6 months
* Driveways Walkways Stairways	Check for uneven surfaces or other signs of wear that could cause accidents; make repairs	6 months
* Fencing	Examine fence for breaks; check fence posts for damage by insects or water; make repairs	12 months
* Water storage tank	Check cover screen; check pipes and taps for leaks; make needed repairs	Monthly
	Drain, clean, and flush tank; check tank for leaks	12 months
* Water well	Check for debris in open wells	Daily
	For wells with hand pumps, check well platform for water tightness and check cup seals in pump; replace cup seals if worn	12 months
* Latrine	Clean with disinfectant	Daily
	Check hole covers of pit latrine for tight fit; add powdered lime to control maggots	Monthly
* Place on the Preventive Maintenance Schedule items marked with an asterisk.		

EQUIPMENT	TYPE OF PREVENTIVE MAINTENANCE	MAINTENANCE INTERVAL
TRANSPORTATION EQUIPMENT		
Bicycles Motorcycles	Detailed maintenance procedures for bicycles and motorcycles are included in the Transportation Unit of this Operations manual	
COMMUNICATIONS EQUIPMENT		
Telephone	Check for wear and damage; report problems to telephone repair office	Monthly
Two-way radio	Detailed maintenance procedures for a two-way radio are included in the Communication Section of this Operations manual	
APPLIANCES		
• Refrigerator	Check temperature with a thermometer Defrost and clean	Daily Monthly
Kerosene refrigerator	Adjust flame Fill tank with kerosene; trim wick; clean away any carbon deposits Make sure refrigerator is level	Daily Weekly Monthly
Propane gas refrigerator	Check flame Change gas tank; check for gas leak after changing tanks; check to make sure one full gas tank is in reserve	Daily Monthly
• Stove	Check, make minor adjustments Check for wear and damage Repair or replace worn and damaged parts	Weekly 6 months As needed
OFFICE EQUIPMENT		
Cash box Tape dispenser Pencil sharpener Date stamp Stapler Scissors Ruler	Check all office equipment for wear and damage Repair or replace worn and damaged equipment	6 months As needed
FURNITURE		
Drug and supply cabinet	Check lock	Monthly
Mattress	Air out and turn mattresses	Weekly
Chair Bench Desk Table Examination table Bookcase Filing cabinet	Dust and clean all furniture Check for wear and damage Repair or replace worn and damaged furniture	Weekly 12 months As needed

EQUIPMENT	TYPE OF PREVENTIVE MAINTENANCE	MAINTENANCE INTERVAL
GENERAL EQUIPMENT		
Waste container	Clean all general equipment Check for wear and damage Repair or replace worn and damaged equipment	Weekly
Fuel container		12 months
Lantern		As needed
Flashlight		
Candle holder		
Chalkboard		
Flipchart		
Crockery		
Cutlery		
Cooler for vaccines		
MAINTENANCE TOOLS		
Hammer	Check maintenance tools for wear and damage Repair and replace worn and damaged tools	6 months
Regular screwdriver		As needed
Phillips screwdriver		
Pliers		
Adjustable wrench		
Spark plug wrench		
Machete		
Shovel		
Rake		
Hoe		
Watering can		
Oil can		
Tire pump		
Tire patching kit		
MEDICAL EQUIPMENT		
Instrument sterilizer	Clean all medical equipment Check for wear and damage Repair or replace worn and damaged equipment	After each use
Kidney basin		6 months
Six liter basin		As needed
Two liter basin		
Covered instrument tray		
Arm board		
Container for shipping slides		
EXAMINATION EQUIPMENT		
E type vision chart	Check all examination equipment for wear and damage Repair and replace worn and damaged examination equipment	6 months
Metal tongue depressor		As needed
Nasal speculum		
Tape measure		
Adult weighing scale		
Salter spring scale, 25 kg with weighing trousers		
Oral thermometer		
Rectal thermometer		
Sphygmomanometer		
Stethoscope		

EQUIPMENT	TYPE OF PREVENTIVE MAINTENANCE	MAINTENANCE INTERVAL
SURGICAL INSTRUMENTS		
Sponge-holding forceps	Clean and sterilize surgical instruments	After each use
Curved dissecting forceps		6 months
Hemostatic forceps		
"Rat tooth" or tissue forceps		As needed
Multiple ratchet needle holder		
No. 4 surgical knife handle		
Suture scissors		
Curved operating scissors		
Utility or gauze scissors		
Double ended ear and nasal applicator	Repair and replace worn and damaged surgical instruments	
OBSTETRICAL INSTRUMENTS		
Bi-valve vaginal speculum	Clean and sterilize obstetrical instruments	After each use
Allis tissue forceps		6 months
Uterine tenaculum forceps		
Episiotomy scissors		As needed
Infant size nasal aspirator		
DeLee tracheal catheter		
Fetoscope	Check all obstetrical equipment for wear and damage	
DENTAL INSTRUMENTS		
No. 5 dental explorer	Clean and sterilize dental instruments	After each use
Straight root elevator		6 months
Universal tooth extracting forceps		
Cowhorn tooth extracting forceps		As needed
Mouth examining mirror		
Dental pliers		
Cement spatula		
Dental scaler		
Dental excavator		
Hollenback or Ward carver	Check all dental equipment for wear and damage	
GLASS		
Cartridge type dental syringe	Clean and sterilize syringes	After each use
5 ml Luer type anesthetic syringe		6 months
1 ml Luer type insulin syringe		
2 ml Luer type hypodermic syringe		As needed
10 ml Luer type hypodermic syringe		
90 ml Luer type irrigating syringe		
Oral thermometer jar		
Rectal thermometer jar		
Urine jar		
Microscope slides	Check all glass equipment for wear and damage	
	Repair and replace worn and damaged equipment	

3.3 OPERATING INSTRUCTIONS FOR HEALTH CENTER FACILITIES AND EQUIPMENT

ADAPTATION NOTE: USE THIS SECTION TO LIST ESSENTIAL OPERATING INSTRUCTIONS FOR THE TYPES OF FACILITIES AND EQUIPMENT USED BY MID-LEVEL HEALTH WORKERS IN YOUR COUNTRY.

3.4 PROCEDURES AND FORM FOR INVENTORYING FACILITIES AND EQUIPMENT

Keep an up-to-date inventory of health center facilities and equipment. An inventory helps to ensure that facilities and equipment are used properly and that they are not lost, damaged, or destroyed. Check the inventory carefully when you take charge of a health center. Update it on an annual basis.

To do an inventory, list the types of facilities and equipment, and the quantity of each, on the Inventory form. List the items on the form in the same order that they are listed on the Standard List of Health Center Facilities and Equipment. See the sample Inventory on the following page.

Make an original and one copy of the inventory form. Keep the original in the health center file. Send the copy to your supervisor.

Inventory Facilities and Equipment

MINISTRY OF HEALTH FORM 6

Health Center *Satitua*

Inventoried by

Date 28 Dec. 1982 Page 1

TYPE OF FACILITY AND EQUIPMENT	QUANTITY
buildings	1
stairways	1
water storage tank	1
water well	1
latrine	2
bicycle	1
motorcycle	1
telephone	1
two-way radio	1
refrigerator	1
stove	1
cash box	1
tape dispenser	2
pencil sharpener	1
date stamp	1
stapler	2
scissors	2
mattress	3
bed	3
chair	9
bench	8
desk	2
table	2
examination table	1
bookcase	1
filing cabinet	1
waste container	2
chalkboard	1
hammer	1
Phillips screwdriver	1

[illegible]

3.5 PROCEDURES AND FORM FOR CARRYING OUT A PREVENTIVE MAINTENANCE PROGRAM

Carry out a program of regular preventive maintenance for all health center facilities and equipment. Use the Preventive Maintenance Guide in Section 3.2 of this manual to:

- Write out a daily maintenance schedule that assigns maintenance responsibilities to health team members
- Write out a weekly maintenance schedule that assigns maintenance responsibilities to health team members
- Fill out and keep up to date the Preventive Maintenance Schedule. This schedule lists maintenance jobs on major facilities and pieces of equipment that must be done on a monthly, semi-annual, or annual basis

Daily Maintenance Schedule

Write out a schedule of maintenance jobs that must be done on a daily basis. See the sample below. List on the schedule the health team member who is responsible for each maintenance job. Post this schedule on the bulletin board in the health center.

DAILY
HEALTH CENTER MAINTENANCE SCHEDULE

MAINTENANCE JOB	PERSON RESPONSIBLE
1. Sweep floors; empty waste baskets and trash containers	Malia
2. Clean latrine with disinfectant	Sione
3. Check temperature and adjust flame of refrigerator	Malia
4. Check well for debris	Sione

Weekly Maintenance Schedule

Write out a schedule of maintenance jobs that must be done on a weekly basis. See the sample below. List the day on which each maintenance job is to be done and the person responsible for doing it. Post the schedule on the bulletin board in the health center.

WEEKLY HEALTH CENTER MAINTENANCE SCHEDULE

DAY	MAINTENANCE JOB	PERSON RESPONSIBLE
Monday	Mop floors; clean windows	Malia
	Fill refrigerator's fuel tank with kerosene; trim wick and clean away carbon deposits	Pita
Tuesday	Dust and clean all furniture	Malia
	Air out mattresses	Sione
Thursday	Clean stove	Malia

Preventive Maintenance Schedule

Use the information in the Standard List and Preventive Maintenance Guide to complete a preventive maintenance schedule for major facilities and pieces of equipment. Note that only major facilities and equipment are included in the Preventive Maintenance Schedule. These major items are indicated by an asterisk in the Standard List in Section 3.2. Carry out the inspections and other maintenance jobs according to the maintenance intervals on the form.

Use the Preventive Maintenance Schedule for a twelve month period. At the end of every twelve month period, fill out a new form. Keep the old form in the health center's Inventory and Maintenance file for reference. A sample Preventive Maintenance Schedule is shown on the next page.

3.6 PROCEDURES AND FORM FOR REPAIRING FACILITIES AND EQUIPMENT

Make sure that health center facilities and equipment are repaired whenever they are damaged or break down. You have three resources for making repairs:

- Yourself and other health team members
- Handymen in the community
- Government workshops

Repairs by the Health Team

You and other team members are the primary source of repairs for health center facilities and equipment. You can do a variety of small repairs such as:

- Fixing a small leak in the roof
- Taping a leak in a sphygmomanometer
- Nailing the leg of a wobbly chair, table, or bench

Repairs by Community

Some repairs will require special tools or special skills that you do not have. For this type of repair, ask for help from carpenters, plumbers, or skilled handymen in the community. You can often work through the health committee or other group in mobilizing the community to do needed repairs at the health center.

Repairs by Government Workshops

Some repairs will require special tools and skills not available in the community. Government workshops are responsible for these repairs. Obtain repairs from government workshops by:

- Writing out a Request for Repair form
- Submitting the Request for Repair to the appropriate person or workshop
- Inspecting the completed repair work

Fill out an original plus one copy of the Request for Repair form.

Step 1: Write Out a Request for Repair

Describe the repair needed in as much detail as possible. See sample form.

02103

PHC-100

Request for Repair

MINISTRY OF HEALTH FORM 8

Health Center SatitopLocation Alepata

SUBMITTED TO

- ☒ District Workshop, Ministry of Public Works ☐ District Garage, Ministry of Transportation
☐ Maintenance Department, District Hospital ☐ District Workshop, Ministry of Communication
☐ Other _____

ITEM	DESCRIBE PROBLEM AND REPAIR NEEDED
Roof of health center	when it rains, water leaks into the consulting room. The wall and ceiling are already damaged. I first noticed this leak after a heavy rainstorm last Friday.

ADDITIONAL INFORMATION OR COMMENTS

I checked the roof, but I cannot find the leak.

Requested by Malia VailimaJob Title MLHWDate 6 Sept 1982Approved by Tofa TarpeJob Title MLHW's SupervisorDate 7 Sept. 1982

Step 2: Submit the Request

After filling out the form, submit the original to the appropriate person or workshop listed in the table below. Put the copy of the form in the health center's Repair Requests file.

REPAIRS TO:	WHO IS RESPONSIBLE FOR DOING REPAIR	SUBMIT FORM TO
1. Facilities	Public works department	Public works department district workshop
2. Transportation equipment	Ministry of transportation	Ministry of transportation district garage
3. Furniture and general and office equipment	Public works department	Public works department district workshop
4. Medical equipment	Ministry of health	District hospital maintenance department
5. Communication equipment	Ministry of communications	Ministry of communications district workshop

Step 3: Inspect the Completed Repair Work

Inspect the repair work when it is completed to make sure that it has been done correctly and that the facility or equipment is again in good operating condition.

3.7 REPORTING LOSSES OR DAMAGE OF GOVERNMENT PROPERTY

Report all losses and damage to government property to the ministry of health within twenty-four hours after discovering the loss or damage.

When loss or damage occurs:

- Report the loss or damage to your district supervisor
- Take steps to avoid similar losses or damage in the future
- Discipline the employee involved in the loss or damage if the employee is found negligent

Procedures

Report losses and damage immediately to the supervisor. Conduct an investigation of the loss or damage. Determine what happened, how it happened, when and where it happened, who was responsible, and what security or safety problems contributed to the incident. Talk with all persons who may have information or responsibility concerning the loss or damage. Determine how the loss may be replaced or the damage repaired, the cost, and alternative procedures to follow while the equipment or facility is not available for use.

Complete an original and two copies of the Report of Loss, Theft, or Damage form. Submit the original and first copy to the supervisor. Keep the second copy in the health center's Loss, Theft, or Damage file. Have all persons involved acknowledge the loss or damage by signing the form. These persons include the one directly responsible for the property, yourself, and your district supervisor.

Discuss the incident with the supervisor and decide on steps to take to tighten security or correct conditions to prevent a similar loss or damage from occurring again. The Report of Loss, Theft, or Damage form provides space for information on the circumstances surrounding the loss or damage. Analyze these circumstances to help you determine the cause of the loss or damage and take corrective action.

If you suspect an employee or group of employees of negligence, report this to the supervisor. The supervisor then makes a report to the ministry of health personnel division and takes a disciplinary action.

See the sample Report of Loss, Theft, or Damage form at the end of Section 3.8. It illustrates a case of theft. Use the same form to report losses or damage, but do not report loss or damage to the police.

3.8 REPORTING THEFT OR WILLFUL DESTRUCTION OF GOVERNMENT PROPERTY

Report all thefts and willful destruction of government property to both the ministry of health and the police immediately after the discovery of the theft or destruction.

When theft or willful destruction is suspected, you must:

- Report the theft or destruction to the district supervisor and to the police

- Take steps to avoid similar theft or damage in the future

- Cooperate in carrying out disciplinary action in the event an employee is found guilty of theft or of causing damage through negligence in the performance of his duties

Procedures

Report thefts and willful destruction immediately to the police and the district supervisor. In the case of theft, the police will have a better chance of catching the thief and recovering the property if you inform them right away.

The police will visit the scene, investigate, and complete a police report form. Cooperate fully with the police investigation.

Determine how the loss may be replaced or the damage repaired. Estimate the cost of replacement or repair. Plan how to carry on when the stolen or damaged equipment or facility is not available for use.

Complete the Report of Loss, Theft, or Damage form. Consult with all persons involved, and have them acknowledge the loss or damage by signing the form. These include the person directly responsible for the property, yourself, and your district supervisor.

Take steps to tighten security or correct conditions to prevent a similar loss or damage from happening again.

If you suspect anyone, including an employee, of theft or willful destruction of government property, report it to your district supervisor. The supervisor may lodge an official complaint with the police authorities and request that the police conduct an investigation.

If you suspect an employee of negligence, report the matter to your district supervisor. He may report it to the ministry of health personnel division and take appropriate disciplinary action.

See the sample Report of Loss, Theft, or Damage for illustrating a case of theft. Fill out an original plus two copies of this form. Submit the original and first copy to the supervisor. Keep the second copy in the health center's Loss, Theft, or Damage file.

Report of Loss, Theft, or Damage

MINISTRY OF HEALTH FORM 9

Health Center SatitooLocation Alepata DistrictMLHW Malia VailimaDate of Loss, Theft, or Damage 28 Sept 1982REPORT TO POLICE Name of Police Station Alepata DistrictDate Reported to Police 29 Sept 1982 Police Officer in Charge Capt. Sione Afa

ARTICLES LOST, STOLEN, OR DAMAGED Description of articles, condition, original value and

present value, serial number or other distinguishing marks A bicycle in goodcondition. Original value \$125. Present value estimated to
be \$75. Serial number 287611162B. Color: light blue

DESCRIBE HOW LOSS, THEFT, OR DAMAGE OCCURRED Description of how articles were kept

and how access to them was gained The bicycle was stored in a shed on the
health center grounds. It was locked with a chain, but the thief
cut the chain.PERSON IN CUSTODY OF ARTICLES AT
TIME OF LOSS, THEFT, OR DAMAGEName Leota PitaJob Title GuardDATE AND TIME WHEN ARTICLES WERE LAST
SEEN IN PROPER PLACE AND LOCATIONDate 28 Sept 1982 Time 4:30 p.m.Person who did the check Malia Vailima

Security measures at time of loss, theft, or damage

Bicycle was locked with a chain and stored in an
open shed.

Steps taken to strengthen security to prevent recurrence of incident

Bicycle will be stored inside the health center building
at night.

SIGNATURES OF CONCERNED PERSONS

Person in custody of articles at time of incident Leota PitaDate 29 Sept. 1982MLHW Malia VailimaDate 29 Sept. 1982Officer in charge of police station Sione AfaDate 29 Sept. 1982District Supervisor Tofa ToapeDate 30 Sept. 1982

SECTION 4

Transportation

4.1 POLICY STATEMENT

The mid-level health worker manages the transportation resources available to the health center so health team members can carry out their assigned duties. To do this, the mid-level health worker must:

- Survey transportation resources available to the health center

- Develop a health center transportation schedule

- Develop an emergency transportation plan

- Solve common transportation problems at the health center

- Use the health center bicycle and motorcycle properly

- Maintain and repair the health center bicycle and motorcycle

- Report vehicle accidents

4.2 LIST OF HEALTH CENTER TRANSPORTATION RESOURCES

TYPE OF TRANSPORTATION RESOURCE	USES OF TRANSPORTATION	COMMENTS
1. Walking	Supervision of CHWs by MLHW Emergency calls in the community Preventive and promotive community activities by health team Delivery of small quantities of drugs and supplies Referral of ambulatory patients	Walking is the most frequently used and the most important means of transportation for health team members and for patients. This is especially true in rural areas.

TYPE OF TRANSPORTATION RESOURCE	USES OF TRANSPORTATION	COMMENTS
2. Bicycles and motorcycles	<p>Bicycles and motorcycles are assigned to a health center for:</p> <p>Supervision of CHWs</p> <p>Emergency calls in the community</p> <p>Preventive and promotive community activities by health team</p> <p>Drug and supply delivery</p> <p>Patient referral</p>	Bicycles and motorcycles are assigned to a health center to be used when time and distance are too great for walking.
3. MOH four-wheel vehicles	<p>Regular, periodic visits to health center for:</p> <p>Supervision of the health team by the district supervisor</p> <p>Monthly drug and supply delivery to health centers</p> <p>Immunization campaigns and other special health campaigns</p> <p>Transporting patients to district hospital</p> <p>Picking up monthly orders and reports from health centers</p>	MOH four-wheel vehicles are assigned to district headquarters for carrying heavy loads and for traveling long distances
4. Government four-wheel vehicles from the ministries of agriculture, education, and community development, and police and military	Any of the functions listed in 1, 2, or 3 above	Government vehicles sometimes provide transport for primary health care activities when MOH vehicles are temporarily not available or if a sharing arrangement can be worked out.
5. Local public transportation	Any of the functions listed in 1, 2, or 3 above	In areas where the public transportation system is well developed, it can meet a large part of a health center's transportation needs.
6. Private transportation including cars, trucks, motorcycles, bicycles, and animals	Any of the functions listed in 1, 2, or 3 above.	Private transportation is normally used when no other means of transport is available, especially for emergency patient referrals.

4.3 PROCEDURES FOR SURVEYING TRANSPORTATION RESOURCES

After taking charge of a health center, survey the transportation resources available for primary health care activities. Update the survey every year.

Complete a transportation survey by following these five steps:

- List the transportation resources at the health center

- List the transportation resources available through the ministry of health

- List the transportation resources available through other government ministries

- List the public transportation resources

- List the private transportation resources that may be available for primary health care activities

Step 1: List the transportation resources at the health center

Using a format similar to the sample at the end of this section, list the transportation resources located at the health center. In addition to walking, these will include bicycles, motorcycles, or animals. Walking is an important means of transportation. Be sure to record the time required to walk to outlying communities and other locations, such as schools and community centers, where primary health care activities are carried out.

Step 2: List the transportation resources available through the ministry of health

List the ministry of health vehicles that regularly visit the health center and the purpose of the visits, such as delivering supplies or transporting the district supervisor. The district health office controls these vehicles, but you can also use them.

Step 3: List the transportation resources available through other government ministries

List all other government transportation that regularly operates in the area served by the health center. In the comments column, note what types of transportation are working best. For example, agriculture extension officers find horses are more useful than motorcycles for visiting outlying villages. Determine the willingness of those surveyed to cooperate in sharing vehicles. Also, note whether they will use their vehicles for emergency referral of patients.

Step 4: List the public transportation resources

List all public transportation resources in the health center's service area. Be sure to record the fares. Cost will be an important factor in deciding how much to rely on public transportation to meet the needs of the primary health care program. Note the timetable for regularly scheduled services such as buses and trains in the comments column. Ask people how they travel to market towns, to the district capital, or to visit relatives in distant villages. Include this information in the survey.

Step 5: List the private transportation resources

There are private transportation resources in every community. Limit the survey to those which are used or could be used to support primary health care activities. In addition to individuals, seek out any private institutions such as missions, industries, mines, and schools and discuss with them what transportation they might provide to support primary health care activities. Owners of private vehicles often will agree to carry messages for you, even though they may refuse to transport staff or patients.

Keep the completed transportation survey in the health center's Transportation Survey file.

SURVEY OF TRANSPORTATION RESOURCES

TYPE OF TRANSPORTATION	SCHEDULE				WHO OPERATES OR CONTROLS TRANSPORTATION	HOW THIS TYPE OF TRANSPORT SUPPORTS PHC
	DESTINATION	TRAVEL TIME	NO. OF TRIPS PER DAY OR WEEK	FARE (ONE-WAY)		
Walking	Community Center	20 min	once a wk	none	MLHW	Attending weekly health committee meeting
Bicycle	school	15 min	twice a mo	none	MLHW	Lecture on community health
	Village A	25 min	twice a wk	none	MLHW	supervise CHW
	Village B	60 min	once a mo	none	MLHW	supervise CHW
Jeep	From District Hospital	1 1/2 hrs	once a month	none	District Medical Officer	Brings MLHW's supervisor and delivers supplies
Ag. Ministry jeep	Villages in district	—	no regular schedule	none	Agriculture Extension Officer	Occasionally gives rides to health team members
	Villages in district	—	no regular schedule	none	Police Officer	Not now used to support PHC but agree to provide emergency transport
Bus	District Capital	2 hrs	once a day	\$.75	owned by local family	Transports referral patients; deliver messages
	District Capital	1 1/2 hrs	no regular schedule	\$ 6.00	Owned by local driver	Transport emergency referrals to hospital
Car #1	—	—	no schedule	—	Local school-teacher	Not used to support PHC
Car #2	—	—	no schedule	—	Local family	Transport emergency referrals to hospital
Truck	District Capital	2 hrs	twice a wk	\$1.00 (if space available)	Local shopkeeper	Not used to support PHC

Health Center transport

MOH transport

Other Government transport

Public transport

Private transport

**4.4 PROCEDURES FOR DEVELOPING A HEALTH CENTER
TRANSPORTATION SCHEDULE**

Make a transportation schedule based on the transportation resources in your health center's service area. This schedule helps to ensure that transportation is available on a regular basis for primary health care activities. Develop the schedule with the other health team members. Update it monthly.

Develop the transportation schedule in two steps.

Step 1: Fill out a Transportation Schedule Worksheet

Using a worksheet like the one shown in the sample, list all the health center's transportation needs in the first three columns. Match these needs with the transportation resources already outlined in the transportation survey in Section 4.3. Decide what type of transportation will be used to meet each of the health center's transportation needs. Use the sample worksheet at the end of this section as a guide.

Transportation Schedule Worksheet

TRANSPORTATION NEEDS				TYPE OF TRANSPORTATION TO BE USED	ALTERNATIVE TRANSPORTATION	COMMENTS
NAME OF TRAVELLER	DESTINATION	PURPOSE OF TRIP	NO. OF TRIPS PER WEEK			
Malia	Village A	Visit CHW	2 per week	Bicycle	Walk	1½ hr. walk
Sione	Village B	Deliver supplies	1 per month	Bicycle	govt or private vehicle	4½ hr. walk
Malia	Village B	Visit CHW	1 per week	Bicycle	govt or private vehicle	" " "
Sione	Village A	Deliver supplies	1 per month	Bicycle	Walk	1½ hr. walk
Malia	Local School	Health Demonstration	2 per month	Walk	none	
Malia	Comm. Center	Health Comm Meeting	1 per week	Walk	none	
Malia	District Hospital	Workshop	1 per month	Bus	govt or private vehicle	Bus leaves at 7:15 a.m.
Lisa	Community	MCH Home visits	1 per week	Bicycle	Walk	Some families live far from health center

Step 2: Write out the transportation schedule

Write out a transportation schedule using the information on the worksheet. When doing this, it will become obvious how several transportation needs can be combined into one trip. For example, you may travel once a week to Village A to supervise a community health worker. There may also be a monthly supply order delivered to Village A. You can easily combine these two trips into one trip. Review the schedule with other members of the health team. Ask them to suggest other ways that trips can be combined. Post the completed schedule on the health center's bulletin board.

Transportation Schedule

MONTH *Sept* 1982

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4 Malia to Village A (bicycle)	5 Malia to Village B (bicycle)	6 Malia to Community Center (walk) Lisa to community (bicycle)	7 Malia to Village A (bicycle)	8 Malia to school (walk)	9
10	11 Malia to Village A (bicycle)	12 Malia to Village B (bicycle)	13 Malia to community center (walk) Lisa to community (bicycle)	14 Malia to Village A (bicycle)	15	16
17	18 Malia to Village A (bicycle)	19 Malia to Village B (bicycle)	20 Malia to Community Center (walk) Lisa to community (bicycle)	21 Malia to Village A (bicycle)	22 Malia to school (walk)	23
24	25 Malia to Village A (bicycle)	26 Malia to Village B (bicycle)	27 Malia to Community Center (walk) Lisa to community (bicycle)	28 Malia to Village A (bicycle)	29 Malia to District Hospital (Bus)	30

4.5 PROCEDURES AND FORM FOR DEVELOPING AN EMERGENCY TRANSPORTATION PLAN

Develop an emergency transportation plan based on the transportation resources available in your health center's service area. This plan helps to ensure that seriously ill and emergency referral patients are transported quickly to a health facility where they can receive proper care. Develop the plan in collaboration with government officials and community leaders in the service area. Circulate copies to community leaders and community health workers. Post the plan on the bulletin board in the health center.

Develop the emergency transportation plan by:

- Listing health facilities where patients are referred

- Listing sources of transportation for referrals

- Obtaining approval of the plan from community and government leaders

Write the plan on the Emergency Transportation Plan for Health Centers form. See the sample form at the end of this section.

Step 1: List health facilities where patients are referred

List all the places where referred patients need to be transported. Patients referred by you and the other members of the health team will need transportation from the health center to the district hospital. Patients referred by a community health worker will need transportation from their community to the health center. These are the two most common types of referrals. Also list any other places where patients are referred such as to private clinics or directly to specialty hospitals.

Step 2: List the sources of transportation for referrals

Use the information collected during the survey of transportation resources to determine all the sources of transportation that could be used for emergency referrals. You will transport some emergency referral patients who are lying down, who have an IV running, and who need an attendant. Four-wheeled vehicles such as cars, trucks, jeeps, or animal-drawn carts are best for these referrals. Use a stretcher if no four-wheeled vehicle or animal cart is available.

After listing the possible sources of emergency transportation, meet with the persons who own or control these vehicles. Find out under what conditions they will permit their vehicles to be used for transporting patients. Use this information to classify the vehicles as first choice, second choice, or other.

Step 3: Obtain approval of the emergency transportation plan

Make the emergency transportation plan known to community leaders and government officials in the health center's service area. These people may be involved in arranging for or actually providing the transportation. Ask them to approve the plan and sign it.

Emergency Transportation Plan
for Health Centers

MINISTRY OF HEALTH FORM 10

Health Center Satitua Location Alepata District

TYPE OF TRANSPORTATION			
	FIRST CHOICE	SECOND CHOICE	OTHER
FROM <u>Health Center</u> TO <u>District Hospital</u>	<u>Vehicle of patients family or friends</u>	<u>Police vehicle</u>	<u>- School Teacher's vehicle - Local bus - Privately owned vehicle - Horse cart</u>
FROM <u>Health Center</u> TO <u>Capital Hospital</u>	<u>Police vehicle</u>	<u>Vehicle of patients family or friends</u>	<u>Privately owned vehicles</u>
FROM <u>Village A</u> TO <u>Health Center</u>	<u>Shopkeeper's truck</u>	<u>Local bus</u>	<u>- Horse carts - Stretcher</u>
FROM <u>Village B</u> TO <u>Health Center</u>	<u>Tractor cart</u>	<u>Horse carts</u>	<u>- none</u>
FROM TO			
FROM TO			
FROM TO			
FROM TO			
FROM TO			
FROM TO			
FROM TO			

Signature of MLHW	<u>Malia Vailima</u>	Date	<u>3 Oct 1982</u>
Signature of District Supervisor	<u>Tofa Taape</u>	Date	<u>3 Oct. 1982</u>
Signature of Community Leader	<u>Tiva Seupule</u>	Date	<u>6 Oct. 1982</u>
Signature of Government Official	<u>P. Tanosese</u>	Date	<u>6 Oct. 1982</u>

4.6 GUIDELINES FOR SOLVING COMMON TRANSPORTATION PROBLEMS AT HEALTH CENTERS

Listed below are common transportation management problems faced by mid-level health workers and a set of possible solutions. Use these solutions as guidelines when managing similar problems at the health center.

PROBLEM	SOLUTIONS
1. No transportation available for emergency patient referral to the district hospital	1.1 Seek transportation from: Patient's family and friends Community means such as taxi, bus, truck, or animal Military, police, or other government vehicles 1.2 Send message to district hospital or other source to send a vehicle 1.3 Work with community to develop an emergency transportation plan
2. Health team members do not want to walk	2.1 Review transportation needs with the health team and agree on guidelines for walking 2.2 Help team members to understand that walking is part of the job. Stress the benefits of walking
3. Health team members do not want to ride a bicycle or motorcycle	3.1 Review transportation needs with the team and agree on guidelines for riding a bicycle or motorcycle 3.2 Help team members to understand that riding a bicycle or motorcycle is part of the job. Stress the time saving and increase in coverage from using a bicycle or motorcycle instead of walking 3.3 If not knowing how to ride a bicycle or motorcycle well is part of the problem, encourage team members to learn to ride. Arrange practice sessions.
4. Ministry of health vehicles do not arrive as scheduled to transport patients and deliver supplies	4.1 Use public transportation 4.2 Request help from other government ministries or from owners of private vehicles

PROBLEM	SOLUTIONS
	4.3 Ask the district supervisor to correct the problem with the ministry of health transportation service
	4.4 Do not depend on ministry of health vehicles
5. Bicycle or motorcycle is not available because it is being used by another team member	5.1 Walk, if time and distance allow
	5.2 Use community transport
	5.3 Request help from other government departments
	5.4 If misuse is the cause of the problem, enforce rigid controls for use of bicycle and motorcycle
6. No fuel for motorcycle or motorcycle runs out of fuel while being used	6.1 Purchase fuel locally
	6.2 Stock enough fuel so that the supply does not run out
	6.3 Make one team member responsible for filling the fuel tank at the end of each work day
7. Bicycle or motorcycle not available due to mechanical failure	7.1 Walk or use local transport
	7.2 Repair the bicycle or motorcycle using spare parts on hand at the health center
	7.3 Send the bicycle or motorcycle to a repair shop
	7.4 Determine the cause of the mechanical problem and prevent it from happening again
8. Bicycle or motorcycle not reliable because of frequent breakdown	8.1 Give the team refresher training on how to operate the bicycle or motorcycle
	8.2 Follow the routine maintenance procedures outlined in this manual
	8.3 Assign one team member responsibility for maintaining the bicycle or motorcycle
	8.4 Request replacement if the bicycle or motorcycle is worn out or is inappropriate for local conditions
9. Not enough transportation for primary health care activities	9.1 Schedule vehicles to ensure efficient use
	9.2 Control vehicles to prevent misuse
	9.3 Reschedule primary health care activities to take advantage of community transportation
	9.4 Discuss the need for additional transportation with your district supervisor

4.7 PROCEDURES FOR USING A BICYCLE

Supervise the use of the health center's bicycle including:

- Scheduling the use of the bicycle
- Storing and securing the bicycle
- Maintaining and repairing the bicycle

Scheduling the Bicycle

Schedule the bicycle so it provides maximum support to primary health care activities. Show the planned use of the bicycle on the Transportation Schedule.

Storing and Securing the Bicycle

Store the bicycle in a secure place when it is not being used. Follow these guidelines:

- Protect the bicycle from weather by storing it inside a building or under a protective cover

- Lock the bicycle with a chain

- Build a rack or stand at the health center to keep the bicycle upright

When storing the bicycle for more than one month, turn it upside down to take the pressure off the tires. Cover it to protect it from dust and dirt.

Maintaining and Repairing the Bicycle

Keep at the health center the following tools, spare parts, and supplies for maintaining and repairing a bicycle:

- Lubricating oil and oil can
- Tire patching kit
- Tire pump
- Wrench

- Pliers
- Screwdrivers
- Lock and chain
- Manufacturer's manuals and warranties

Maintain the bicycle regularly to keep it in good operating condition. Follow the simple procedures outlined in the maintenance guide on the following page. Delegate the responsibility for bicycle maintenance to any other team member who can follow the maintenance guide.

BICYCLE MAINTENANCE GUIDE

	DAILY	WEEKLY	MONTHLY
1. Check tires, maintain air pressure	x		
2. General inspection			
a. Frame		x	
b. Seat		x	
c. Handlebars		x	
d. Wheels and tires		x	
e. Chain and guard		x	
f. Brakes		x	
g. Reflectors, light		x	
h. Carrier		x	
3. Correct any problems observed during inspection		x	
4. Clean frame and wheels		x	
5. Oil chain			x
6. Oil wheel bearings			x
7. Oil pedals			x
8. Clean and oil brake cables for hand brakes			x
9. Inspect and tighten all nuts and bolts			x

4.8 PROCEDURES AND FORM FOR USING A MOTORCYCLE

Supervise the use of the health center's motorcycle including:

- Scheduling the use of the motorcycle
- Storing and securing the motorcycle
- Maintaining and repairing the motorcycle

Scheduling and Control

Schedule the motorcycle so it provides maximum support to primary health care activities. Write the planned use of the motorcycle on the Transportation Schedule. Record all motorcycle trips on the motorcycle travel record. See the sample travel record at the end of this section.

Storage and Security

Store the motorcycle in a secure place when it is not being used. Follow these guidelines:

Protect the motorcycle from weather by storing it inside a building or under a protective cover

Lock the motorcycle when it is not in use and put the key in a secure place

When storing the motorcycle for more than one month, raise it off the ground to take pressure off the tires. Disconnect the battery. Cover the motorcycle to protect it from dust and dirt.

Store the gasoline for the motorcycle in a well-ventilated room or outside storage area to allow fumes to escape. Keep gasoline, oil, and supplies in a secure place.

Maintenance and Minor Repairs

Keep at the health center the tools, spare parts, and supplies for maintaining and repairing a motorcycle. These are listed below. Note that some of these items are also listed under maintenance and repair of bicycles.

Container for gas or gas and oil mixture	Wrenches for frame and motor repair
Gas and oil	Spark plug wrench
Lubricating oil and oil can	Pliers
Transmission oil	Screwdriver
Tire patching kit	Manufacturer's manuals and warranties
Tire pump	Spark plugs

Use these tools and spare parts plus the manufacturer's manual to keep the motorcycle in good operating condition. The motorcycle maintenance procedures are outlined in the maintenance guide below. Schedule the motorcycle for service in a workshop every six months.

MOTORCYCLE MAINTENANCE GUIDE

	DAILY	MONTHLY	EVERY SIX MONTHS
1. General inspection			
a. Gas and oil levels	x		
b. Transmission case for leaks	x		
c. Throttle operation	x		
d. Brakes operation	x		
e. Wheels and tire pressure	x		
f. Lights, mirror, horn	x		
2. Correct any problems found during inspection	x		
3. Wash motorcycle		x	
4. Oil chain and other moving parts		x	
5. Check battery fluid level. Add water as needed		x	
6. Clean air filter or replace element			x
7. Clean fuel filter screen			x
8. Clean or replace spark plug			x
9. Inspect, tighten all nuts and bolts			x
10. Send motorcycle to workshop for complete service			x

List all motorcycle maintenance and repairs in the Motorcycle Travel and Maintenance Record. See sample.

MOTORCYCLE MAINTENANCE RECORD

NOTE To be filled out each time motorcycle is serviced, inspected, or repaired.
Take the motorcycle to a trained mechanic every six months

TYPE OF WORK DONE	MAINTENANCE INTERVAL	MAINTENANCE SCHEDULE												YEAR 1981			
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC				
1. Wash motorcycle, oil chain	monthly	15	12	14	15	15	19	14	15	16	17	15	15				
2. Check battery fluid, add distilled water as needed	monthly	15	12	14	15	15	19	14	15	16	17	15	15				
3. Clean air filter	6 months	15					19						15				
4. Clean fuel filter screen	6 months	15					19						15				
5. Clean or replace spark plug	6 months	15					19						15				
6. Inspect and tighten all nuts and bolts	6 months	15					19						15				
1. Inspect contact breaker points	6 months						22						29				
2. Check brake linings and cables	6 months						22						29				
3. Adjust carburetor	6 months						22						29				
4. Check spark plug	6 months						22						29				
5. Decarbonize cylinder head and muffler	12 months												29				
6. Change transmission oil (automatic transmission only)	12 months												29				
7. Check fuel, electrical and suspension systems	12 months												29				
8. Check wheel trueness and spokes	12 months												29				

Mechanic MLHW or other Team Member

NOTES ON ACCIDENTS AND MAJOR REPAIRS

16 April '81-- Driver lost control and motorcycle hit a tree. Headlight, front fender and front wheel replaced by mechanic.
9 October '81-- Two new tires put on to replace worn out tires.

Motorcycle Travel and Maintenance Record

Health Center	Saltion	Location	Alapala
DESCRIPTION OF MOTORCYCLE			
Make	Honda	Model	90cc
		Year	1981
Date Placed in Service	20 December 1980		
INSTRUCTIONS			
TRAVEL RECORD			
Record on the Travel Record the date, mileage, places visited, purpose of trip, and name of driver for each motorcycle trip. The person driving the motorcycle fills out this part of the record			
MAINTENANCE RECORD			
Record maintenance and repair work on the Maintenance Record. The person doing the work-- the MLHW, other team member, or the mechanic fills out this part of the record			

(FOLD)

4.9 PROCEDURES AND FORM FOR REQUESTING VEHICLE MAINTENANCE AND REPAIR

See procedures and Request for Repair form in Section 3.6 of this manual.

4.10 PROCEDURES AND FORM FOR REPORTING VEHICLE ACCIDENTS

When a health center vehicle is involved in an accident, report the accident to the police. Also report the accident to the district supervisor using the Vehicle Accident Report form.

Reporting the Accident to the Police

Immediately report the accident to the police. The police will investigate the accident and write a police report. Cooperate with the police in their investigation by answering questions about the accident. Make sure that a copy of the police report is sent to the district health officer.

Reporting the Accident to the District Health Officer

The driver completes and signs Section I of the Vehicle Accident Report. He submits it as soon as possible, but at least within one week, to the district health officer. Fill out and submit the form for the driver if the driver is unable to do so.

Immediately following an accident, the driver is to assist the injured and then notify the police. The driver writes down the name of any passenger on the vehicle at the time of the accident, the names of persons injured or killed in the accident, and the names and addresses of witnesses. If another vehicle is involved, he writes down the make, model, registration number, and the driver's name. He uses this information to complete the Vehicle Accident Report.

The district health officer completes Section II of the Vehicle Accident Report and forwards it to the central ministry of health.

Vehicle Accident Report

MINISTRY OF HEALTH FORM 12

SECTION I TO BE COMPLETED BY DRIVER OR DRIVER'S SUPERVISOR

Full Name of Driver *Malia Vailima*Date of Accident *5 Sept 1982*Time of Accident *10:30 a.m.*Place of Accident *Satitoo*Registration No. of Vehicle
*F 428*Make & Model of Vehicle
1981 Honda Motorcycle

For what purpose was vehicle being used? Give full details

I was leaving the health center on my way to Fusi village to visit the CHW.

Names of passengers at time of accident:

- none -

Names of persons injured or killed in the accident:

- none -

Names and addresses of witnesses to the accident:

Vaai Kolono, Satitoo Village

Details of other vehicle(s) involved:

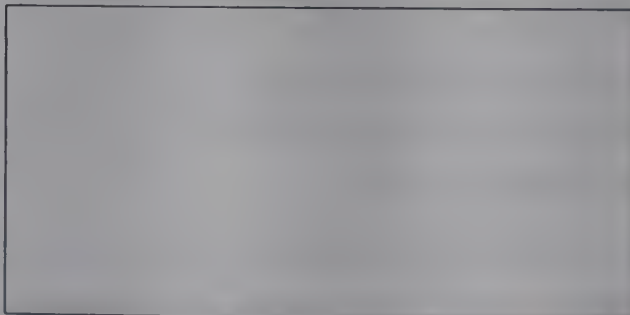
MAKE & MODEL YEAR	REGISTRATION NO.	NAME AND ADDRESS OF DRIVER
<i>- none -</i>		

Was accident reported to police? *Yes* If yes, date and place reported: *5 Sept. 1982, Satitoo Police Station*

Give details of the accident:

I was driving in Satitoo when Sione Kolone, age 7, ran in front of the motorcycle. I swerved to avoid hitting him and ran off the road, hitting a tree. Neither I nor Sione were injured, but the motorcycle was damaged.

Draw sketch of accident:

Signature of driver or Driver's Supervisor *Malia Vailima*Date *6 Sept. 1982*

SECTION II TO BE COMPLETED BY DISTRICT HEALTH OFFICER

Was the driver authorized and licensed to drive this particular vehicle? *Yes*

In your opinion, what was the cause of the accident? Do you recommend any disciplinary action?

*A child suddenly ran in front of the motorcycle. This accident was unavoidable. I do not recommend any disciplinary action.*Signature of District Health Official *Sisiki Pinaia*Date *15 Sept. 1982*

SECTION 5

Communications

5.1 POLICY STATEMENT

The mid-level health worker identifies and uses all available communications resources to maintain regular communication with supervisors, referral hospitals, and community health workers.

5.2 LIST OF HEALTH CENTER COMMUNICATION RESOURCES

Listed below are communication resources normally found at the health center level of a primary health care system.

COMMUNICATION RESOURCES	USES OF COMMUNICATION RESOURCES	COMMENTS
1. Written communication, including letters, memos, notes, and reports	<p>Sending patient information about patients to the referral hospital</p> <p>Reporting routine health information such as disease statistics and maternal and child health services</p> <p>Reporting routine health center management information, such as personnel and finance reports</p> <p>Requesting advice or assistance</p> <p>Providing advice or assistance</p> <p>Arranging and confirming interviews, meetings, supervisory visits, village health programs, immunization clinics, and other primary health care activities</p>	Written communication is the most important and most frequently used type of communication in the ministry of health. All communication must be in writing, or confirmed in writing, before it becomes official.
2. Messengers, including a health team member, a community leader, a friend, a relative, a patient, or a member of a patient's family	<p>Delivering any kind of message, either written or oral, to supervisors, community health workers, storemen, pharmacists, shop-owners, patients, and other members of the community</p> <p>Bringing messages back to the MLHW from persons listed above</p>	Messengers are an important communication resource, especially for rural health centers lacking telephone, radio, or postal communications

COMMUNICATION RESOURCES	USES OF COMMUNICATION RESOURCES	COMMENTS
3. Telephone	Consulting with medical and administrative supervisors Reporting emergencies such as breakdown of equipment or sudden outbreak of disease Arranging patient referrals Coordinating logistical support such as vehicles, supplies, and supervisory visits Arranging interviews and meetings with supervisors	If available, a telephone is usually the quickest and most convenient way for a MLHW to communicate with supervisors
4. Two-way radio	Same as those listed above for telephone	A two-way radio provides a quick and convenient way to communicate However, the operation and maintenance of a two-way radio requires considerable skill
5. Telegraph	Same as those listed above for telephone. The reply to a telegram is not immediate, which is a drawback in emergency situations	Telegrams are usually not as quick and convenient as telephone and two-way radio. However, telegrams do provide a written record of communications

5.3 PROCEDURES FOR SURVEYING COMMUNICATION RESOURCES

Survey communication resources available to support primary health care activities in your health center's service area. Use the following procedures for doing the communication survey.

Step 1: List the communication resources at the health center

List the communication resources located at the health center. These may include telephone, two-way radio, or messengers. List how these communication resources are used to support primary health care activities and how much they cost. See the sample survey following these procedures.

Step 2: List the public communication resources

List all public communication resources available. These may include a telegraph office, a telephone office, or a post office. Write the hours of work for these offices and the cost of using the service.

Step 3: List the private communication resources

List private communication resources in the community. These may include telephone, telegraph, or two-way radios. Government offices such as agriculture extension and police may have special communications facilities that you can use. Also, owners of private vehicles often will agree to carry messages for you. Place the completed survey in the Communication Survey file.

SURVEY OF COMMUNICATION RESOURCES

Name of Health Center: *Satitona*Date of Survey: *May 1983*Location: *Alepata District*

	TYPE OF COMMUNICATION	USES OF THIS COMMUNICATION	COST	COMMENTS
HEALTH CENTER	Messenger	Deliver messages within the community, to CHWs in outlying communities, and to supervisors in district hospital	Transportation cost only	Messenger depends on public transportation, which is not reliable
	Telephone	Verbal communication with district hospital	No cost	Not reliable during rainy season
PUBLIC	Telegraph	Communication with district hospital and central MOH	\$.05 per word	Telegraph office open twenty-four hours a day
	Post office	Sending letters to and from supervisors and CHWs	\$.15 per letter	Post office open 8 a.m. to 5 p.m. Closed on Sunday. Delivery time for letters is two to three weeks.
PRIVATE	Police two-way radio	Emergency communication with district hospital by way of district police station	No cost	Radio linked to district police station, which is located 2 km from district hospital. For use only in emergencies.
	Mission two-way radio	Communication with district hospital via district mission office	\$.50 per call	Radio linked to district mission office, which is located 3.5 km from district hospital. Operates 7:30 a.m. to 4:30 p.m.
	Shopowner's truck	Deliver written messages to district hospital Transport health center messenger to district hospital	No cost \$.50 each way	Truck makes regular trips to district capital on Tuesdays and Fridays to pick up goods will deliver messages to district hospital or transport a messenger Very reliable

5.4 GUIDELINES FOR COMMUNICATING BY LETTERS AND MEMOS

Use letters and memos to communicate with supervisors, community health workers and others. Letters and memos provide a permanent, official record of communication. Use memos to communicate informal or routine information within the ministry of health. Use letters to communicate formal or confidential information within the ministry of health and for all communication with persons or institutions outside the ministry of health.

Writing Style for Letters and Memos

Write clearly using simple words and short sentences so that the person receiving the message can understand it easily. After writing the letter or memo, ask someone to read it and tell you his understanding of the message. This is one way to make sure that the message is clear and understandable.

Format for Letters and Memos

The ministry of health uses the letter format below and the memo format shown on the following page. Sample letters and a sample memo are included at the end of this section.

	Name of Health Center	Name and address of health center
	Health Center Address	
	Date	Day, month, and year when letter is written
Name, Title Address		Name, title, and address of the person to whom the letter is sent
Dear.....:		If receiver is known well, use the first name, e.g., Dear Mary or Dear Bill. Otherwise, write Dear Mr. _____ or Dear Nurse _____. If the name of the person is not known, then write Dear Sir or Dear Madam
_____ _____ _____ _____ _____ _____ _____		Write the message here. Use as much space as needed to explain the message clearly
	Your faithfully,	End the letter by writing "Yours faithfully" or "Sincerely yours"
(signature)		Sign the letter and then print your name and title underneath your signature
Name of Sender		
Title of Sender		List names and titles of persons receiving copies of the letter
cc Names & titles of persons receiving copies		

FORMAT FOR LETTER

FORMAT FOR MEMO

Day, month, and year when memo is written

Date

Name, title, and address of the person to whom the memo is sent

TO:

Name and title of sender, plus the name of sender's health center

FROM:

SUBJECT:

A short statement describing the main subject of the memo

Write the message here. Use as much space as needed to explain the message clearly

List the names and titles of persons receiving copies of the memo

cc: Names & titles of persons receiving copies

FORMAT FOR ENVELOPE

Name of sender and the address of sender's health center

Name
Return Address

Postage stamp, if required

Name, Title
Address

Name, title, and address of person to whom the letter or memo is being sent

Copies

Make a carbon copy of every letter or memo you write. Keep these copies in the health center's Outgoing Correspondence file. If you want to send copies of the letter or memo to other persons, then make additional carbon copies for them.

Content of Letters and Memos

Begin by making brief notes on what you want to say. Write down the main purpose of the letter plus the key points you want to cover. Make

sure the key points support the main purpose of the letter. If not, eliminate them. Use facts and figures as much as possible, rather than opinions. At the end of the letter, make clear what type of response or action you expect. Write the full name and address on the envelope to ensure that the letter or memo is delivered promptly. Also write your name and return address on the envelope so that the letter or memo will be returned if for some reason it is not delivered.

Types of Letters and Memos

Mid-level health workers frequently write three types of letters and memos. They are letters of complaint, letters of request, and letters of recommendation.

Write a letter of complaint when you have a serious problem. This type of letter must answer several questions: What is the problem? When did the problem begin and is it getting worse or better? Who or what is the cause of the problem? How is this problem affecting the delivery of health services? What action, if any, have you taken to solve the problem? What action do you recommend for solving the problem?

Think out and write letters of complaint very carefully. They deal with sensitive subjects, such as personnel problems and lack of support, which may upset other people. These letters must be factual and objective. You must never write them in anger or in haste. See the sample letter of complaint at the end of this section.

Write a letter of request to ask for advice, for assistance, or for permission to take a certain action. This type of letter must answer several questions: What do you want? Why do you want it? When do you want it? How will it be used?

Make letters of request polite and courteous, yet straightforward. Explain briefly why you are making the request. Explain how this request will improve the delivery of health services in your area. A good rule to follow in writing letters of request is: Never demand, always ask. See sample memo of request at the end of this section.

Write a letter of recommendation to suggest that some action be taken. This type of letter must answer several questions: What are you recommending? Who or what is involved? When, where, and how do you recommend the action take place? Why are you recommending this action? How will it affect the delivery of health services?

Letters of recommendation must be straightforward and contain factual information to support the action that is recommended. See the sample letter of recommendation at the end of this section.

Satitua Health Center
Aleputa District

6 August 1983

Mr. Jamasese
Director of Personnel
Ministry of Health
Capital City

Dear Mr. Jamasese:

The staff at Satitua Health Center receive their monthly salary checks two to three weeks late because of delays in the postal service. This is causing a hardship for some of my staff who depend on their salary checks to support their families.

Last year, salary checks were hand carried from your office to the district hospital and then delivered to us in Satitua on the first Friday every month by the public health nurse. This worked much better than relying on the postal service, and I suggest that we go back to using this method.

For the sake of staff morale, I hope you will try to find a solution to this problem.

Sincerely yours,
Malia Vailima
MLHW

cc: Jofa Jaape, MLHW Supervisor
Aleputa District Hospital

LETTER OF COMPLAINT

8 June 1983

To: Tofa Taape, Mid-Level Health Worker Supervisor
Alepata District Hospital

From: Malia Vailima, Mid-Level Health Worker
Satitoo Health Center

Subject: Vaccines for Lalomanu

I am going to Lalomanu Village on 16 June 1983 to do an immunization clinic organized by the community health worker, Lisa Aiono. She says forty children need to be immunized for measles.

I am running low on vaccine, and I do not expect my June order to arrive until late in the month. Therefore, please bring measles vaccine for forty children with you on your visit to Satitoo scheduled for next Monday.

Thank you.

MEMO OF REQUEST

Satitua Health Center
Aleputa District

12 June 1983

Doctor Asi
District Health Officer
Aleputa District Hospital
District Capital City

Dear Dr. Asi:

I received your invitation to attend the first aid course at the district hospital on 3 July 1983. I will be happy to attend.

As you know, I am training a community health worker in Lalomanu Village. Her name is Lisa Aiono. I have already taught her some first aid but she wants to learn more. Therefore, I recommend that you invite her to attend the course planned for 3 July.

Lalomanu is two and one half hours by foot from Satitua Health Center, so Lisa is doing a lot of routine first aid work. The course would improve her first aid skills and make her a better community health worker.

If you agree that Lisa should attend the course, please send her an invitation.

Yours faithfully,
Malia Vailima
MLHW

cc: Lisa Aiono, CHW
Lalomanu Village

LETTER OF RECOMMENDATION

5.5 GUIDELINES FOR COMMUNICATING BY MESSENGERS

Use messengers to deliver messages within the community, to community health workers in outlying communities, and to district supervisors.

How to Select a Messenger

Select an intelligent and responsible person to deliver messages. Adults are more dependable than children. Relatives or friends are usually more reliable than strangers. A messenger should be someone you can trust to deliver your message.

How to Use a Messenger

Give the messenger clear instructions. Tell him:

- Where to deliver the message
- To whom to deliver the message
- When to deliver the message
- Whether or not to wait for a reply

Ask the messenger to repeat the instructions to you in order to be sure that he understands exactly what you want him to do. If the instructions are complicated, write them down for the messenger. Arrange for the messenger to deliver your message first, before he begins doing other errands or personal business.

How to Prepare a Spoken Message

Use spoken messages only when communicating with persons who are not able to read. Explain the message to the messenger. Ask him to repeat it to you. If necessary, have him repeat the message over and over again until you are sure that he understands it completely. In order to ensure good communication, keep spoken messages short and simple. Most messengers do not remember long messages well enough to deliver them accurately.

How to Prepare a Written Message

To prepare written messages, follow the guidelines in Section 5.4 for letters and memos. Explain the contents of the message to the messenger if you think this will help to ensure that he delivers it promptly. Write the complete name and address on the envelope. If necessary, add a note describing the location, such as "across the street from the XYZ Shop."

Written messages are a more accurate and reliable means of communication than are spoken messages. Therefore, always have messengers deliver written messages if the person you are communicating with is able to read.

5.6 GUIDELINES FOR COMMUNICATING BY TELEPHONE

Use a telephone to communicate with supervisors and other persons who have a telephone or live near a telephone. The advantage of a telephone is that you are able to exchange information, discuss problems, ask questions, and receive answers without any delay.

How to Answer a Telephone

Begin with a greeting. Then give the name of the health center and your name. For example, "Hello. This is Satitoea Health Center. Leilani speaking."

If the caller asks for a certain person, say, "Wait just a moment please." Then go and look for the person wanted on the telephone.

If the person wanted is out, tell the caller when the person will return and ask to take a message. For example, "Lisa is not here now. She will be back this afternoon. May I take a message for her?" If you do take a message, be sure to record the name and telephone number of the caller, plus the date and hour of the call. A sample telephone message is shown below:

16 May 1983
9:30 a.m.

Lisa Aiono

Mr. Tamasese from ministry of health personnel called. He wants to know when you plan to take annual leave. Telephone him at 8643.

Malia

How to Make a Telephone Call

Before placing the call, think about and organize what you want to say. If you want to cover several points, write a list that you can refer to during the call.

Place the call. When someone answers, give your name, the name of the health center, and the name of the person you want to talk to. For example: "This is Lisa Aiono at Satitoea Health Center. I would like to speak with Mr. Tamasese, please."

If the person you are calling is out, do one of the following:

- Leave your name and telephone number and ask that the person return your call

- Leave your name and say that you will call back at a certain time

- Ask to speak to someone else

- Leave a message

If you leave a message, have the person taking the message read it back to you to make sure that it is correct.

How to Use a Telephone Book

Use the telephone book to look up the telephone numbers of persons you want to call. Using a telephone book is like using a dictionary. The names are arranged in alphabetical order. In addition to telephone numbers, a telephone book gives instructions on how to use a telephone and how to place calls to various cities and towns in the country. Study these instructions carefully. Make a list of important telephone numbers that you call frequently. Keep this list near the telephone.

How to Manage a Telephone

Study the ministry of health rules and regulations regarding the use of telephones. Regulations will include such things as:

- Who is authorized to use the telephone

- What types of calls can be made

- Restrictions on long distance calls

- Payment of telephone invoices and reimbursement for official business calls

A telephone should be in a secure, relatively quiet place. As a general rule, restrict the use of the telephone to official business. In certain circumstances you may permit members of the health team to make personal calls. This is good for morale, but must be carefully controlled. A telephone is a valuable piece of equipment and must be managed carefully. Always use polite language and be courteous and businesslike when using the telephone.

Learn the procedures for reporting a telephone breakdown. You will normally report breakdowns by using another telephone or by sending a messenger to the telephone repair office.

5.7 GUIDELINES FOR COMMUNICATING BY TWO-WAY RADIO

Use a two-way radio to communicate with supervisors or other persons who have radio equipment. Two-way radio has all the advantages of telephone communication, but the equipment is more difficult to operate and maintain.

How to Use a Two-Way Radio

Before transmitting, know what you are going to say. A short sentence is more easily understood than a long sentence. Make sure that the radio set is correctly tuned in before you begin to transmit your message. Operating conditions for two-way radios, particularly when using high frequency, are usually not ideal. Do all you can to ensure good reception of your message by following the suggestions below:

Listen for a moment before transmitting so that you do not accidentally interrupt another transmission.

Speak all words slowly, at a uniform rate, in a voice a little louder than normal conversation. Avoid hesitation sounds such as “um” and “er.” Avoid lowering your voice, particularly at the end of a sentence.

Transmit clear, short messages. Remember that two short messages are more easily understood than one long message.

Standard Phrases

Use the standard phrases listed below to keep two-way radio messages clear and short. Memorize these phrases and their meanings.

PHRASE	MEANING
ACKNOWLEDGE	“Let me know that you have received and understood this message.”
AFFIRMATIVE	“Yes.”
CORRECTION	“An error has been made in this message. The correct message is...”
GO AHEAD	“You may now begin to transmit your message.”
NEGATIVE	“No.”
OVER	“I have finished speaking and I am now waiting for your reply.” Every transmission, except the last, must be ended with the word “over” because this signals the other person that he can now begin speaking.
OUT	“This conversation has ended and I am switching off my radio.”

ROGER	"I have received your last message."
STAND BY	"Wait and keep listening until you are called again."
STANDING BY	"I am listening and waiting to be called."

How to Make a Call

Make sure the radio is connected and the battery is charged.

Turn the radio on. Turn the control knob until you hear a background hiss or a transmission from an incoming station.

Set the channel selector switch to Channel 1, 2, or 3. You will be instructed in advance which channel to use.

Hold the microphone one to three inches from your mouth. The person receiving your transmission may ask you to hold the microphone closer or further away from your mouth in order to make it easier to understand your words.

Press the button on the microphone and hold it down while you speak slowly in a voice a little louder than normal conversation. Give your location or the call sign of your station, and the location or call sign of the station you are trying to reach. Say "Over" at the end of the transmission.

Example: "Lalomanu, this is Satitua Health Center. Over."
or "7PE 22, this is 7PE 25. Over."

Release the button on the microphone and listen for a reply. The other station will begin by identifying itself, and then say "Go ahead."

Example: "Satitua Health Center, this is Lalomanu. Go ahead. Over." or
"7PE 25, this is 7PE 22. Go ahead. Over."

You have now established contact and can begin to talk back and forth. While you are pressing the button on your microphone, the other station can only receive. When the other person is sending, you cannot interrupt until he says "Over" and releases the button on his microphone.

When receiving a message, rotate the clarifier control knob until the speech is clear and understandable. If you transmit too much, the battery will discharge quickly and make the incoming voice very weak.

When you have finished your conversation, identify your station once more and then say "Out." Turn off the radio.

Schedule for Using the Two-Way Radio

Ideally, the base station maintains a twenty-four hour listening watch so that outlying health workers can make contact in an emergency. Fixed times, for example, every Monday morning at 10 a.m., are usually set for mid-level health workers to talk with supervisors or medical officers.

Preventive Maintenance and Repair Guide for a Two-Way Radio

ADAPTATION NOTE: WRITE THIS SECTION ONCE THE TYPE OF RADIO
EQUIPMENT AND POWER SOURCE ARE KNOWN.

5.8 GUIDELINES FOR COMMUNICATING BY TELEGRAM

Use telegrams to communicate with supervisors and others who are covered by the telegraph system. Like letters and memos, telegrams provide a permanent, official record of communication.

Writing Style and Content of Telegrams

Write telegrams in simple, clear language. The telegraph office charges _____ for each word including names and addresses. Shorten sentences by leaving out non-essential words. For example, omit the articles *the*, *an*, and *a*. Use the common abbreviations for the days of the week: MON, TUE, WED, THUR, FRI, SAT, SUN; and the months of the year: JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEPT, OCT, NOV, DEC. Other abbreviations you should use are listed below:

ABBREVIATIONS	MEANING
ASAP	As Soon As Possible
STAT	Immediately! Indicates extreme urgency
CHW	Community Health Worker
MLHW	Mid-Level Health Worker
FYI	For Your Information
MOH	Ministry of Health
HC	Health Center
PLS	Please
TU or THANKS	Thank you
ETA	Estimated Time of Arrival
ETD	Estimated Time of Departure
RETEL	Reply by Telegram

The extent to which you can abbreviate depends on your relationship and understanding with the person receiving the message. For example, if you often send telegrams to the district hospital regarding referrals, you will soon build up a short “telegram language” that is understood by you and by the hospital staff. However, if you are sending a message to a stranger or a person you do not know well, it will be necessary to use more complete words and fewer abbreviations.

Give special attention to numbers, dates, and hours in telegram messages. They are often the source of confusion and misunderstanding. Write out numbers in words followed by the numerals in parentheses. Example: ONE HUNDRED EIGHTY (180). Always write days of the week followed by the date. Example: FRI 10 APR. Write hours of the day using the twenty-four hour system. Example: 10:30 a.m. is written 1030 hours; 7:00 p.m. is written 1900 hours.

Write the telegram in the same way you write other messages but omit non-essential words and use abbreviations wherever possible. Then ask someone else to read your telegram and tell you what the message means. This is to make sure that the message is clear and understandable. Double check the names, addresses, numbers, dates, and hours in the telegram before taking it to the telegraph office. Ask the telegraph operator to help you make the telegram more concise and exact before he sends it.

Make a carbon copy of each telegram before you take it to the telegraph office. Put this copy in the health center's Outgoing Correspondence file. If you send telegrams often, make a special Outgoing Telegrams file for these carbon copies.

Authorization for Use of Telegrams

Study the ministry of health rules and regulations regarding the use of telegrams. These rules explain who is authorized to send telegrams and how to pay for telegrams.

FORMAT FOR TELEGRAMS

Study the telegram format below and the sample telegrams on the following pages.

Health Center Address	_____	Address of sender's health center
Date	_____	Day, month, year when telegram's sent
Name	_____	Name and address of the person to whom the telegram is being sent
Address	_____	
_____	_____	Write the message here
_____	_____	
_____	_____	
Name of Sender	_____	Write sender's name

SAMPLE TELEGRAM # 1

SATITOA HEALTH CENTER
27 June 1983

TOFA TAAPE
ALEPATA DISTRICT HOSPITAL

PATIENT WITH HEAD INJURY
ARRIVING HOSPITAL ETA
1400 HOURS MON 27 JUN.

MALIA VAILIMA

SAMPLE TELEGRAM # 2

SATITOA HEALTH CENTER
29 June 1983

CENTRAL STORES
CAPITAL CITY

PLS SEND KEROSENE FOUR (4)
LITERS FOR FRIG URGENT.

TU

MALIA VAILIMA

SECTION 6

Personnel

6.1 POLICY STATEMENT

The mid-level health worker manages personnel matters at the health center and supervises the health center team. To do this, the mid-level health worker must:

- Establish personnel files for health center employees
- Recruit and select locally hired personnel
- Orient new personnel
- Schedule staff leave
- Evaluate employees' performance
- Take disciplinary action
- Handle grievances

6.2 ESTABLISHING PERSONNEL FILES FOR HEALTH CENTER EMPLOYEES

Organizing Personnel Files

See Section 9 of this manual for a list of subject headings for personnel files. This list includes a confidential file for each employee.

Contents of Employees' Personnel Files

Keep the following information in each employee's personnel file:

- Job description for the position held by the employee
- Salary records
- Promotion records
- Leave requests and records
- Transfer requests and records
- Training programs requests and records
- Completed and signed Annual Performance Evaluation forms
- Records of annual performance evaluation reviews
- Progress reports on employee performance improvement plans
- Disciplinary action reports and letters

Grievance procedures reports and forms
Other personal records pertaining to the employee

Use of Personnel Files

Use the information in an employee's personnel file to make decisions on promotion, training, and transfer. Ensure that the files are complete, correct, and up-to-date. The district supervisor inspects the files to determine that they meet these standards.

Confidentiality of Files and Security

Keep the employee's personnel files confidential. Allow only yourself, the district supervisor, and designated personnel officers to inspect the personnel file. The individual employee may also inspect his file.

To maintain confidentiality, provide good security for the personnel records. Keep the files in a drawer or cabinet that is securely locked. Keep the key for the cabinet yourself and control access to the files. The district supervisor, personnel officers, and employees must see you for access to the files. You must be present when anyone inspects personnel files. These people may not copy or remove anything from the files.

6.3 RECRUITMENT AND SELECTION OF LOCALLY HIRED PERSONNEL

Locally Hired Personnel

You may recruit, select, and hire a guard and a cleaner at the local level. The ministry of health personnel department authorizes the positions and sets the salary levels.

Job Descriptions

The ministry of health personnel department, with the help of field staff, develops job descriptions for every job in the health center. The civil service commission approves the descriptions before anyone is hired.

You must have an up-to-date job description for the job to be filled before you start recruiting. If not, request one from the district supervisor or personnel officer. You may request that the personnel department add special requirements of your health center to the job description. This would include items such as the working hours, special language requirements, additional duties, or special physical demands such as the need to walk five miles to deliver messages.

Make copies of all the job descriptions available to all the health team members. Keep the job description for each employee in the employee's personnel file.

Recruitment and Selection Procedure for Locally Hired Personnel

STEP 1

Discuss the type of person needed with the members of the health team. Ask them to suggest possible candidates for the position. Ask for their help in searching for good candidates.

STEP 2

Working with the health team, make a list of the desired skills and abilities needed and any special requirements for the job. Use this list as a guide for screening candidates.

STEP 3

Post a notice of the job opening in the health center and other public places in the community. Include in this notice the title of the job, a summary of the duties, salary, date when applications are due, where to submit them, and what should be included in the application.

STEP 4

Tell each applicant to fill out a standard ministry of health application form for non-professional employees. Help illiterate candidates to complete their forms.

STEP 5

Carefully review all applications. Ask one or two members of the health team to assist you with this step. Compare the applications to the list of skills, abilities, and special requirements listed in Step 2. Select the better candidates and arrange interviews with them.

STEP 6

Interview the three best candidates. Ask at least one other member of the team to interview each of the three candidates. Obtain from the candidate the names of references who can be contacted to give an opinion of the candidates' past work record and behavior. Tell each candidate when and how he will be informed about the final selection.

STEP 7

Check the references of the good candidates to obtain information on their work record and behavior. Make a list of questions to ask about the applicant's work, punctuality, how he gets along with fellow employees, and any bad habits. If there are no good candidates, extend the search for other persons interested in the job. Take time for a longer search rather than hire someone who may not be able to do the job well.

STEP 8

Call the team together and choose the best candidate for the job. Notify the personnel officer of the choice, and obtain his agreement before proceeding further.

STEP 9

Tell the health center advisory committee or community leaders which candidate you plan to hire. This check with community leaders will bring out any problems with the candidate of which the health team might not be aware.

STEP 10

Notify the candidate chosen. Make sure he will accept the job. Review the salary, hours, duties, and special requirements of the job with him, so that there is no misunderstanding. As soon as the candidate accepts, notify the other candidates that the job has been filled.

6.4 ORIENTATION OF NON-PROFESSIONAL EMPLOYEES

Arrange an orientation program for all new employees. For non-professional employees, do the following:

STEP 1

Review the job description with the employee in detail to make certain he understands his responsibilities and duties. Review other requirements of the job such as hours of work, working relationships with other staff members, and dealing with the public.

STEP 2

Review the performance evaluation system. Go over the Annual Performance Evaluation form. Point out that this is only a small part of evaluation. Tell him that evaluation is practiced as a daily part of supervision. Explain that the emphasis of evaluation is to assist the employees to improve their performance. Encourage the new employee to ask for help and advice whenever he has a problem on the job.

STEP 3

Introduce the new employee to each of the staff members. Explain each person's role and how the new employee's work relates to it.

STEP 4

Take the new employee on a complete tour of the health center and grounds. Explain the need for keeping the fence in good repair, the grounds cleaned

up, the weeds cut, and other things which may relate to his job as guard or cleaner. Stop and talk with patients so the new employee will understand the importance of serving the public. Have him observe all of the activities in the health center. Explain these activities.

From the very beginning, make the new employee feel that he is a contributing member of the health center team providing an important social service.

6.5 LEAVE AND LEAVE PROCEDURES

Types of Leave

Ministry of Health personnel are eligible for five types of leave with pay:

ANNUAL LEAVE

Full-time employees with one to four years of employment are eligible for ____ work days annual leave each year. After five years of full-time employment, they are eligible for ____ work days per year.

Employees are encouraged to take their annual leave each year and not to allow a large amount of leave time to accumulate. Employees can carry no more than ____ days annual leave forward to the next year.

SICK LEAVE

Full-time employees with one to four years of employment are eligible for ____ work days sick leave per year. After five years of full-time employment, they are eligible for ____ work days per year. Employees who are sick and unable to work are to notify their supervisors as soon as possible.

Employees may accumulate the unused portion of their sick leave indefinitely for use in succeeding years. Employees are not entitled to any unused sick leave when they leave the job.

LEAVE FOR DEATH IN THE FAMILY

Employees may take a leave of three work days to attend the funeral of a member of the immediate family. Immediate family is defined as wife, husband, father, mother, brother, sister, son, daughter, mother-in-law, father-in-law, or any other family member living with the employee.

EDUCATION OR TRAINING LEAVE

Extended leave of up to two years may be granted to employees who attend formal training programs authorized by the ministry of health. While on education or training leave, an employee is eligible to receive the normal annual leave, sick leave, death in the family leave, or maternity leave as may be applicable.

MATERNITY LEAVE

Full-time female employees may use accumulated sick leave plus annual leave for the purpose of maternity leave. If an extended maternity leave is required due to illness or to personal preference, the employee may request a leave of absence without pay for a period up to a total of six months.

Employees returning from an approved leave of absence will have the same salary and benefits as they had prior to the leave of absence. If an employee fails to return to work at the end of her approved leave of absence, the ministry of health will consider this to be a resignation.

If an employee must take leave but is not eligible for leave with pay, he may apply for leave without pay.

LEAVE WITHOUT PAY

If an employee must take leave but is not eligible for leave with pay, he may apply for leave without pay.

DEFERRED LEAVE

A supervisor may refuse an employee's leave request if the leave would disrupt the delivery of health services. If this happened, the employee could take the full amount of leave deferred any time during the succeeding year.

*Leave Procedures***STEP 1**

When requesting leave, the employee fills out an Application for Leave form. He completes an original and two copies. He keeps one copy and submits the other two to his immediate supervisor. The employee uses this form for requesting all five types of leave. If the application is for training or education leave, he attaches the authorization to attend the course from the training division.

STEP 2

You review the leave application. Check the number of leave days owed to the employee. Check the staff needs of the health center. If you agree with the leave request, sign the form. Put one copy in the employee's personnel file. Send the second copy to the personnel department. If you disapprove the leave request because of service needs or because of a different interpretation of the leave policies, discuss the disapproval with the employee.

STEP 3

The ministry of health personnel officer checks the employee's permanent record to make sure of the number of days owed to the employee.

and approves the leave request. He records the information in the employee's permanent file and returns a signed copy to you. If the personnel officer does not approve the leave, he states the reason on the form.

STEP 4

Inform the employee of the action taken by the personnel officer and keep the signed form in the employee's confidential personnel file.

See the sample Application for Leave form below.

Application for Leave

MINISTRY OF HEALTH FORM 13

TO BE COMPLETED BY APPLICANT

Name Malia Vailima

Job Title MLHW

Location Salitua Health Center

DATE OF LEAVE

From 13 Oct 1982

Through 27 Oct 1982

No. of Work Days 10

TYPE OF LEAVE

☒ Annual

☐ Education or Training

☐ Sick

☐ Maternity

☐ Death in the Family

☐ Leave Without Pay

Signature of Applicant Malia Vailima

Date 14 Sept 1982

TO BE COMPLETED BY SUPERVISOR

☒ Approved

☐ Not Approved

REMARKS

Name (Print) Tofa Taape

Signature Tofa Taape

Date 17 Sept 1982

TO BE COMPLETED BY PERSONNEL OFFICER

☒ Approved

☐ Not Approved

REMARKS

Name (Print) M. Tamasese

Signature M. Tamasese

Date 10 Oct. 1982

Scheduling Leave

Employees must submit requests for annual leave and education or training leave a minimum of three months in advance. If possible, employees should submit applications for this leave at the beginning of each year. You use this information to prepare an Annual Leave Roster for the health team at the beginning of each year. Encourage employees to take at least one week's leave at a time in order to obtain a restful break from work.

Maintain an Annual Leave Roster to ensure that annual leaves do not conflict with each other or with important program activities. Prepare the roster for a calendar year and post it thirty days prior to the start of the year. Consult with the health team members when preparing the roster. Meet individual leave requests as far as possible, but place the needs of the health service above individual requests. See the sample annual leave roster on the following page. It is partially filled out to show how it should be used.

ANNUAL LEAVE ROSTER

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<u>1</u> TO <u>7</u>	<u>5</u> TO <u>11</u>	<u>5</u> TO <u>11</u>	<u>2</u> TO <u>8</u>	<u>30</u> TO <u>6</u>	<u>4</u> TO <u>10</u>	<u>2</u> TO <u>8</u>	<u>6</u> TO <u>12</u>	<u>3</u> TO <u>9</u>	<u>1</u> TO <u>7</u>	<u>5</u> TO <u>11</u>	<u>3</u> TO <u>9</u>
No annual leave during the first week of each month when comprehensive screening clinics are scheduled.											
<u>8</u> TO <u>14</u> Auxiliary Nurse	<u>12</u> TO <u>18</u>	<u>12</u> TO <u>18</u> Community survey	<u>9</u> TO <u>15</u> Annual District Workshop	<u>7</u> TO <u>13</u>	<u>11</u> TO <u>17</u> Guard	<u>7</u> TO <u>15</u> MLHW	<u>13</u> TO <u>19</u>	<u>10</u> TO <u>16</u> Community survey	<u>8</u> TO <u>14</u> Midwife	<u>12</u> TO <u>18</u>	<u>10</u> TO <u>16</u> Guard
<u>15</u> TO <u>21</u> Auxiliary Nurse	<u>19</u> TO <u>25</u>	<u>19</u> TO <u>25</u> Community survey	<u>16</u> TO <u>22</u>	<u>14</u> TO <u>20</u>	<u>18</u> TO <u>24</u>	<u>16</u> TO <u>22</u> MLHW	<u>20</u> TO <u>26</u>	<u>17</u> TO <u>23</u> Community survey	<u>15</u> TO <u>21</u> Midwife	<u>19</u> TO <u>25</u>	<u>17</u> TO <u>23</u> Guard
<u>22</u> TO <u>28</u> Cleaner	<u>26</u> TO <u>4</u>	<u>26</u> TO <u>1</u>	<u>23</u> TO <u>29</u>	<u>21</u> TO <u>27</u>	<u>25</u> TO <u>1</u>	<u>23</u> TO <u>29</u> Cleaner	<u>27</u> TO <u>2</u>	<u>24</u> TO <u>30</u>	<u>22</u> TO <u>28</u>	<u>26</u> TO <u>2</u>	<u>24</u> TO <u>30</u> Midwife
<u>29</u> TO <u>4</u>	<u>—</u> TO <u>—</u>	<u>—</u> TO <u>—</u>	<u>—</u> TO <u>—</u>	<u>—</u> TO <u>—</u>	<u>—</u> TO <u>—</u>	<u>30</u> TO <u>5</u>	<u>—</u> TO <u>—</u>	<u>—</u> TO <u>—</u>	<u>29</u> TO <u>4</u>	<u>—</u> TO <u>—</u>	<u>—</u> TO <u>—</u>
5th week											
4th week											
3rd week											
2nd week											
1st week											

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6.6 ANNUAL PERFORMANCE EVALUATION

Complete a formal, written evaluation of each employee at the health center once a year. Record this information on the Annual Performance Evaluation form. See the sample form at the end of this unit. The form becomes a part of the employee's permanent record. It forms a basis for decisions on salary increases, promotions, transfers, continuing education, and other benefits for the employee.

The form is designed to involve both the employee and his supervisor in reviewing performance, identifying areas that need improvement, and planning ways to make the improvement. Follow these steps to complete the form:

STEP 1

Gather the employee's job description, a copy of the previous year's performance evaluation form with the plan for improving performance, and any other materials from the employee's personnel file which relate to his job performance in the past year.

STEP 2

Compare the employee's performance for the past years with his job description and last year's plan for improving performance. List his strengths and his job areas that need improvement on Part I of the form. List ways that the employee's strengths could be used more effectively. Examine the underlying causes for the areas that need improvement. List the ways that these weak areas could be improved. Determine whether or not the employee requires closer supervision or additional training to improve his work. If on-the-job training is required, think of how you could best achieve this.

STEP 3

Review Part I of the form with your district supervisor.

STEP 4

Prepare to meet with the employee to review his performance and plan any necessary improvements in his performance. Give the employee advance notice of the meeting so he has time to reflect on his performance for the past year. Allow ample time for the meeting, including time for preparing the joint plan for improvement. Make sure the employee has adequate time to explain his point of view and ask questions. Do not be in a hurry during this meeting. About two hours is usually required.

STEP 5

Begin the meeting by explaining the purpose of the meeting. Be frank, objective, and fair in discussing the employee's performance on the job. Compare his performance to standards in the job description or in last year's plan for improving performance. Avoid making comparisons with other health workers.

Discuss the employee's strengths and areas that need improvement which you noted on Part I of the form. Together, discuss the causes for both. The causes of the strengths may help suggest ways to work on the areas in need of improvement. Decide with the employee which causes might be due to the employee, which to the supervisor, and which to the job situation. Causes due to the supervisor might be failure to give clear instructions, not communicating what is really expected from the work, or not providing adequate training. Causes due to the work situation might be the lack of equipment, interference by other employees, or excessive demands by patients. This discussion is intended to clearly identify causes. Be sure that it does not become a way to place the blame for poor performance on someone else. Once you identify the causes of poor performance, you can do something to correct the situation.

Together, decide on goals to set for improving performance during the coming year. Make them realistic, yet challenging. Take into account the employee's strengths, areas in need of improvement, and the causes discussed above. Write the goals down.

Together, decide on actions to be taken to achieve the goals. Discuss different ways to improve performance. Select the best ways, and write them down.

This becomes the plan for improving performance for the coming year. Agree on the plan. Write it on the Annual Performance Evaluation form. Agree on times for review of the performance improvement plan. This may be every three months. Write the dates on the form. Do not wait for a whole year before formally checking on the employee's progress.

Under the Comments section of the form, add any ideas which came up during the discussion which might prove helpful to the employee in reaching his goals.

STEP 6

At the close of the meeting, both you and the employee sign and date an original and two copies of the evaluation form. Submit the original to the district supervisor. Place the second copy in the employee's personnel file. Give the third copy to the employee.

End the review on a positive note. Impress the employee with the opportunities he has to improve his performance. Point out how it will help him and the health team. Assure him that you will do your part. Tell him

when you will next spend time to work with him. It might well be the same day or the next day.

STEP 7

Work with the employee on the specific tasks which were agreed upon in the joint improvement plan. Hold review sessions on the dates agreed to. Provide support, leadership, and motivation on a daily basis.

Annual Performance Evaluation

MINISTRY OF HEALTH FORM 14

FOR ALL FULL-TIME EMPLOYEES

PART I TO BE COMPLETED BY SUPERVISOR BEFORE MEETING WITH EMPLOYEE

Name <i>Sione Tumalo</i>	Employee No. <i>2967</i>
Job Title <i>Auxiliary Nurse</i>	Date of Employment <i>11 June 1976</i>
Location <i>Satitor Health Center</i>	Date of this Evaluation <i>15 Dec. 1982</i>

EMPLOYEE'S STRONG POINTS

Prompt and reliable; courteous; gets along well with patients and fellow workers; is well liked, and takes part in community activities

These strong points can be used more effectively by doing the following:

Ability to get along well with others can be used more effectively by visiting communities and doing more community health work.

AREAS THAT NEED IMPROVEMENT

- 1) improvement in clinical skills, especially more care and thoroughness in simple treatments*
- 2) reluctance to leave the health center to do community health work*

These areas can be strengthened by doing the following:

Clinical skills can be improved through refresher training carried out by the MLHW in the health center and with some special work at the district hospital. Regularly spend one day per week doing community health work.

PART II TO BE COMPLETED BY SUPERVISOR AND EMPLOYEE TOGETHER

PLAN FOR IMPROVING PERFORMANCE FOR THE COMING YEAR

- 1) clinical skills to be developed by working with MLHW one morning per week in the health center, supplemented by one day per month in the district hospital. To be arranged by the MLHW.
- 2) Agrees to spend one full day per week working in local communities

COMMENTS

A good discussion has resulted in a plan for improving performance which both the MLHW and Auxiliary Nurse have agreed to carry out.

PERFORMANCE REVIEW DATES FOR THE COMING YEAR

15 January 1983	15 December 1983	
15 March 1983		
15 June 1983		
15 September 1983		

Signature of Employee	<i>Dione Sumab</i>	Date	<i>15 Dec. 1982</i>
Signature of Supervisor	<i>Malia Vailima</i>	Job Title	<i>MLHW</i>
		Date	<i>15 Dec. 1982</i>
Signature of Personnel Officer	<i>M. Jamsue</i>	Date	<i>6 Jan. 1983</i>

6.7 DISCIPLINARY ACTION

Guidelines for Disciplinary Action

Use the following guidelines in handling disciplinary action:

Get all the facts about the problem before taking disciplinary action.

Act early. Do not let small problems grow into big ones and spread to other employees.

Be fair and consistent in your handling of employee problems.

Do not act in haste. Do not act in anger.

Do not warn a person who is angry or excited. Wait until he is quiet and calm.

Give the employee adequate opportunity to explain how he sees the problem. Start with existing attitudes and understanding when attempting to change an employee's behavior.

When criticizing a person, compare his performance to ministry standards. Do not compare him with another person. An employee will often feel resentful and insecure if he is compared unfavorably with another worker.

Use disciplinary action as a way to assist the employee. Help him plan ways to correct his behavior.

Advise the employee of his right to use the formal grievance procedure if he does not agree with your disciplinary action.

Follow up your disciplinary action to ensure that the employee has changed his behavior and to show your interest in the employee.

Pay special attention to the employee's behavior and performance during the probationary period.

Always discuss disciplinary problems in private.

When disciplinary problems go beyond early verbal warnings, document all actions in writing in the employee's confidential personnel file.

Levels of Disciplinary Action

There are five levels of disciplinary action which you may use depending on the seriousness of the problem you are dealing with:

Level I	Verbal Warning
Level II	Warning Interview
Level III	Written Warning
Level IV	Suspension
Level V	Transfer or Dismissal

This procedure provides a written record of the progressive attempts made to correct an employee's behavior. In the case of more serious problems you may start the process at a level higher than the verbal warning level.

Follow the procedure in the civil service manual for transfer or dismissal of employees.

6.8 GRIEVANCES

Guidelines for Handling a Grievance

You should inform employees that they have a right to file a grievance if they think they are being treated unfairly. In most cases, you can resolve a grievance in a conference with the employee. If not, the employee may appeal to a higher level. Follow these ten steps in handling a grievance:

Hold a confidential meeting with the employee at the earliest possible time

Hear the complaint. Let the person speak. Do not interrupt or argue

Try to determine if there is a hidden cause for the complaint

Repeat the employee's statement and write it down. Ask him if these notes are correct

Explain the employee's rights and the grievance procedures to follow as explained in the civil service manual

Set a time when the answer will be given. Do not promise the employee anything at the time of this first interview, except that his grievance will be considered seriously and he will be given an answer

Gather needed facts. Check policies and regulations. Check past practices and decisions. Consult with the district supervisor. Reach a decision.

Hold a second meeting with the employee. Explain the decision carefully. Take all the time needed. Answer all the questions the employee may have

If the employee does not agree with the decision, and it is impossible to settle the grievance at this step, inform the employee that he has the right to appeal it to the next highest level

Give the employee a copy of the Personnel Grievance form. Ask him to fill it out and return it.

Grievance Form and Procedures

There are three steps in the official grievance procedure. Do not undertake these steps until all attempts have been made to resolve the grievance informally.

STEP 1

The employee initiates the official grievance procedure by filling out Part I of the Personnel Grievance form. He does this in clear, concise statements, using facts and citing specific incidents and dates when applicable. He requests a remedy for the grievance in the space provided on the form. See the sample form at the end of this section.

After completing Part I, the employee submits the form to you.

Inform the employee of your decision within five working days from the date the form was submitted to you. Fill out Step 1, Part II of the form for this purpose.

The employee has five working days in which to accept or appeal the decision and to sign the form in Step 1, Part II.

STEP 2

If the employee decides to appeal the decision, he submits the form to the district supervisor within the next five working days.

The district supervisor takes up the grievance. He must inform the employee of his decision within five working days from the date the form was submitted to him. The district supervisor fills out Step 2 of Part II of the form for this purpose.

The employee has five working days in which to accept or appeal the decision of the district supervisor, and sign the form in Step 2, Part II.

STEP 3

If the employee decides to appeal, he submits the form to the personnel director or administrative officer within the next ten working days.

The personnel director or administrative officer informs the employee of his decision within ten working days from the date the form was submitted to him. He fills out Step 3, Part II of the form for this purpose.

The employee then signs the form in Step 3, Part II to indicate his acceptance of the final decision.

If either the employee or the ministry fails to take a specified action within the given time limit, the decision will be made in favor of the other party.

Personnel Grievance Form

MINISTRY OF HEALTH FORM 15

PART I TO BE COMPLETED BY EMPLOYEE WHEN SUBMITTING GRIEVANCE

Name <i>Malua Siatuvasa</i>	Employee No. <i>3974</i>
Job Title <i>Midwife</i>	Date of Employment <i>1 Jan. 1970</i>
Location <i>Salitua Health Center</i>	Date Submitted <i>6 May 1982</i>

EMPLOYEE'S STATEMENT OF GRIEVANCE

Be as factual as possible. Cite specific dates and incidents.

I have been denied my request for annual leave for three weeks in June. This is causing a serious problem in my family due to the wedding plans for my niece. I have worked for the Ministry for 12 years, and I feel this is not fair.

REMEDY REQUESTED BY EMPLOYEE

I request that my leave in June be granted.

Signature of Employee *Malua Siatuvasa*

PART II DISPOSITIONS

DISPOSITION BY MLHW

Leave has been denied because of the extra workload in June due to the special nutrition survey to be held in our villages. All plans are complete, and district personnel have been assigned to assist the health center team.

Signature of MLHW *Malia Vailima* Date *8 May 1982*

Signature of Employee *Malua Siatuvasa* Date *8 May 1982*

DISPOSITION BY DISTRICT SUPERVISOR

The decision of the MLHW is supported. This is an important survey and all available health personnel are needed in the area in June. It is not possible to transfer others to the area as they are not familiar with the local community.

Signature of District Supervisor Tofa TaapeDate 15 May 1982Signature of Employee Malua SiaturasaDate 19 May 1982

DISPOSITION BY PERSONNEL DIRECTOR OR ADMINISTRATIVE OFFICER

After careful consideration of all the issues in this case, the decisions taken at the district and health center levels are supported.

Signature of Personnel Director
or Administrative OfficerM. TamaseDate 2 June 1982

Signature of Employee

Malua SiaturasaDate 8 June 1982

SECTION 7

Finance

7.1 POLICY STATEMENT

The mid-level health worker manages financial matters at the health center level so the health team can carry out its primary health care functions. To do this, the mid-level health worker must:

- Supply information on program needs for the annual budget estimates
- Supplement the budget at the health center level with community support
- Handle money at the health center
- Use the payroll system
- Request reimbursement for travel and subsistence expenses
- Request advances of funds for travel and subsistence expenses

7.2 SUPPLYING INFORMATION FOR THE ANNUAL BUDGET ESTIMATES

Provide information on health program needs in the health center and villages to the district health team for use in making the annual budget estimates. During the year, note ideas and suggestions for program budget needs and place them in the health center file titled Annual Budget Estimates. Include community health needs based on contacts with community health workers and community leaders. Every June meet with the health center team to prepare a list of special needs. The notes you have been keeping in the file provide a useful reference at this meeting. List each need and give a full justification. Needs might include a new staff member because of an increased patient load, new locking drug storage cupboards because of theft problems, or supplies for projects to meet increasing demand for assistance to the community.

Submit the list of needs to the district supervisor by July 1 of each year.

7.3 SUPPLEMENTING THE BUDGET AT THE LOCAL LEVEL

The government supplies you with the personnel, supplies, equipment, and facilities to provide primary health care services at the health center level. Frequently, these resources are not enough to do all the things that need to be done. You should obtain help from individuals and groups through self-help community projects. Church missions, the military, the police, industries, farmers' cooperatives, and government workers in other ministries are in a position to help from time to time. Ask for their help when there is a real need. By supplementing the government's resources with help from the community, you can expand the services you provide to your health service area.

7.4 HANDLING MONEY AT THE HEALTH CENTER

Post a list of patient fees in one or two places in the health center where patients can see them easily. To avoid misunderstandings, prepare the list in all languages spoken in the health center's service area.

Collect fees for patient services, for drugs and dressings, and for delivering babies. To collect fees:

State the amount of the fee as it is shown on the list of patient fees

Collect the money from the patient and count it carefully. Prepare a cash receipt in duplicate. Give the original receipt to the patient and keep the copy in the health center files. Put the cash in a secure cash box or cash drawer. Enter the amount of cash received from the patient in the Patient Register

If the patient is unable to pay, tell him to bring in a statement from the village chief certifying that he is unable to pay. In emergency cases, treat the patient first and ask him or a family member to bring the statement in later. Write the words "No Fee" in the fee column of the Patient Register. Place the written statement from the village chief in the health center files for review by the district supervisor and ministry of health auditors

At the end of the day, count all the fees that you collected. Compare this total with the total from the Patient Register for that day. They should be the same. If they are not the same, write a memo to the record explaining the difference. Write the total in the Cash Receipts Book for the day and initial the entry. See the sample Cash Receipt and Cash Receipts Book at the end of this section

If you receive cash at the health center for something other than patient fees, issue a Cash Receipt and enter the amount in the Cash Receipt Book for that day. The district supervisor and government auditors

may inspect the Patient Register, Cash Receipts, and Cash Receipts Book at any time

Keep the amount of cash on hand at the health center at a minimum. Each week add up the cash collected, check the amount so it is the same as that shown in the Cash Receipts Book for the week, and turn it over to the district supervisor. The district supervisor will enter the date, the amount received, and his initials in the Cash Receipt Book when he receives the money

You may delegate the collecting of fees, filling out the Cash Receipts Book, and turning over the money to other members of the health team. In this case you should verify that the amounts collected and entered in the Cash Receipts Book are accurate and that they agree with the total from the Patient Register and the duplicate receipts

Cash Receipt

No. 000

Date

RECEIVED FROM

THE SUM OF \$

FOR

Received by

SIGNATURE

MINISTRY OF HEALTH FORM 16

Cash Receipts Book

Health Center

Location

Name of M.L.H.W.

Period From

To

Name of District Supervisor

7.5 USING THE PAYROLL SYSTEM

To use the payroll system you, the auxiliary nurse, and the midwife go to the district finance office once a month to pick up your paychecks. One person may pick up the checks for the others, or someone from the district may deliver the checks. A worker may authorize the district finance officer to deposit his paychecks directly to his personal bank account by writing a letter of request that gives the name and address of the bank and the account number.

The guard and cleaner go once a week to the district finance office to pick up their wages, or someone from that office delivers the wages to them at the health center.

To correct mistakes in payment or late payment of salaries and wages to any of the health team members, you write a memo to the district supervisor. State the full name, payroll number, position, work place, and pay location of the employee involved. Give the specific facts concerning the mistake or delay. Submit the original memo to the district supervisor and keep a copy in the employee's personnel file.

7.6 REQUESTING REIMBURSEMENT FOR TRAVEL AND SUBSISTENCE EXPENSES

You and other team members may be authorized to collect reimbursement for the following expenses when on official duty:

Subsistence allowance for food and lodging payable at the rate of \$_____ per night when you are:

- Transferred to another post with less than one month notice
- Attending an authorized training course
- Escorting referral patients
- Staying overnight on supervisory visits and other official business because distance and travel schedules do not allow you to return home at the end of the day
- Transportation expenses for public transportation such as bus, railway, and boat when traveling on official business

Vehicle allowance for official travel when it requires use of a personal vehicle payable at the following rates:

	PER KILOMETER	MAXIMUM CLAIM ALLOWED PER MONTH
Motorcycle	\$ _____	\$ _____
Automobile	\$ _____	\$ _____

Travel allowance for annual leave payable at the rate of \$ ____ per kilometer for round trip from official post to location of permanent home. A maximum of \$ ____ is payable once per year for officially authorized annual leave.

To receive reimbursement for expenses, you or other team members must:

- Have the activities authorized by the district supervisor before incurring any expenses. This will ensure that the expenses are allowed and will be reimbursed

- Keep records of mileage traveled, times and dates of travel, and get receipts for all direct expenses

- Fill out in triplicate a Payment Voucher for Travel and Subsistence Expenses. Make sure the dates, description of the places visited, times of departure and arrival, statements of purposes of the travel, and the amounts of expenses are correct. See the sample at the end of this section

- Attach the receipts for expenses to the payment voucher

- Submit the original and one copy of the voucher to the district supervisor. Keep the other copy in the health center's Travel and Subsistence Expenses file

The district supervisor will certify the voucher and submit it to the district finance officer. The finance officer will fill in the budget account numbers and the amount charged to each account. He will make payment to the employee claiming the reimbursement if everything is in order on the voucher. If you or other health team members do not receive the reimbursement in a reasonable time, use the file copy of the payment voucher to follow up.

Payment Voucher for Travel and Subsistence Expenses

MINISTRY OF HEALTH FORM 18

Name of Employee Malia Vailima

Job Title *MLHW*

Health Center *Satitua*

Location Alepata District

[illegible]

Attach Receipts

TOTAL EXPENSES \$ 5.40

LESS AMOUNT ADVANCED

TOTAL AMOUNT CLAIMED OR OWED 5.40

TO BE COMPLETED BY FINANCE OFFICER

Charge to

[illegible]

TOTAL \$ 5.40

I hereby certify that the above is a true and correct record of my allowances and expenses while on official duty.

Signature Malia Vailima

Job Title *MLHW*

Date 17 Aug. 1982

CERTIFIED CORRECT, DISTRICT SUPERVISOR

Signature Tofa Taape

Date 19 Aug. 1982

7.7 REQUESTING ADVANCE OF FUNDS FOR TRAVEL AND SUBSISTENCE EXPENSES

You and other health team members use the Request for Advance of Funds for Travel and Subsistence Expenses form to obtain money in advance for travel and subsistence. To request an advance of funds:

- Make a reasonable estimate of the amount of money to be spent on the trip

- Fill out the request for advance of funds form in triplicate

- Submit the original and one copy to the district supervisor at least fifteen days in advance of the time you need the money

- Keep the second copy in the health center's Advance of Funds file

- The district finance officer returns the original form along with the money. Sign the bottom of the form acknowledging receipt of the money and return the signed original to the district supervisor

Upon return from the trip, file a Payment Voucher for Travel and Subsistence Expenses.

Request for Advance of Funds for Travel and Subsistence Expenses

MINISTRY OF HEALTH FORM 19

TO BE COMPLETED BY EMPLOYEE

Name Malia VailimaJob Title MLHWHealth Center SatitooLocation Alepata District

TO FINANCE OFFICER

Please advance me the sum of Twenty dollars(\$ 20.00) for allowances and expenses while on official duty.

Specify purpose, destinations, dates, and other relevant information

On 12 August, I plan to attend the annual MLHW's conference at MOH headquarters. I will be away from the health center for three days.

I will repay this advance on 16 August 1982, when I will submit a Payment Voucher for Travel and Subsistence Expenses
(DATE)

Signature Malia VailimaDate 28 July 1982

TO BE COMPLETED BY DISTRICT SUPERVISOR

Signature Tofa TaapeDate 30 July 1982

TO BE COMPLETED BY FINANCE OFFICER

Cash Book No. 621Check No. 4876 BDate 2 Aug. 1982Signature Vaai KoloneDate 3 Aug. 1982

TO BE COMPLETED BY EMPLOYEE WHEN RECEIVING FUNDS

I received the advance of Twenty dollars (\$ 20.00)

Signature Malia VailimaDate 9 Aug 1982

SECTION 8

Health Information

8.1 POLICY STATEMENT

The mid-level health worker uses ministry of health forms to gather, record, and report up-to-date and accurate health information.

8.2 LIST OF MEDICAL SHORTHAND SYMBOLS USED BY MID-LEVEL HEALTH WORKERS

Medical shorthand allows you to write information faster. It also takes up less space on the cards and forms. Commonly used medical shorthand symbols are listed below.

%	percent	Hx	history
ml	milliliter	PE	physical examination
m	meter	Dx	diagnosis
mm	millimeter	Rx	patient care and medications
cm	centimeter	°C	degree Celcius
g	gram	T	temperature
mg	milligram	P	pulse
kg	kilogram	BP	blood pressure
IU	international unit	̄	with
IM	intramuscular	̄	without
IV	intravenous	wt	weight
ID	intra dermal	abd	abdomen
SC	subcutaneous	Fx	fracture
F	female	URI	upper respiratory infection
M	male	IUD	intrauterine device
Ⓡ	right	N	normal
Ⓛ	left	∅	nothing, nil
x	times	#	number of tablets or capsules dispensed
<	less than	Pt	patient
>	greater than	RTC	return to health center
PC	presenting complaint		

8.3 RECORDING AND REPORTING HEALTH INFORMATION

Follow these guidelines to record and report health information:

Fill out records on a daily basis. Do not wait until the end of the week or until the end of the month to record information. Write down information immediately. Submit all reports on schedule.

Record information on ministry of health forms or in notebooks. Write clearly and neatly. Order blank forms and notebooks from central stores along with other supplies. If the health center runs out of an official form, record the information on a blank piece of paper. Use the sample form in this manual as a guide.

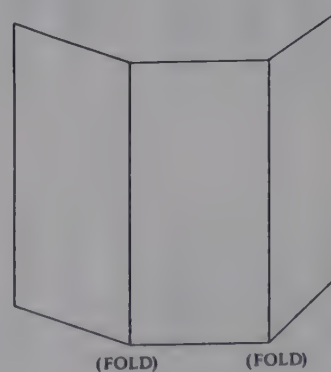
8.4 PROCEDURES AND FORMS FOR RECORDING INFORMATION ON PATIENT-HELD CARDS

Patients who receive services at the health center keep patient-held cards. Tell the patient or a family member to keep the card in a safe place. Tell the patient to bring the card with him each time he comes to the health center or other health facility. If the patient loses the card, fill out a new card for him. The patient-held cards are:

Patient Card
Under-Five Card
Maternity Card

Patient Card

Use the Patient Card to record information about patients who are older than five.



DISTRIBUTION: Give the card to the patient and tell him to bring it to the health center on each visit. Do not make copies of the Patient Card.

INSTRUCTIONS: Issue the Patient Card to the patient on his first visit to the health center. Fill out the first panel. Write the patient's name, address, date of birth, age, sex, and marital status. Also write the name and location of your health center and the date the card is being issued. Record the patient's past medical history, including drug allergies, immunizations, family history, and social history, on the second panel.

9 Sept 1982

DATE ISSUED _____

Siaki Fatima

Alapua Village

July 1945

Age 37

M

Marital Status

Married

Satitua

Aleputa District

DATE OF VISIT

SYMPTOMS, SIGNS, DIAGNOSIS, AND PATIENT CARE

PAST MEDICAL HISTORY

Hepatitis 1977, hospitalized after automobile accident in 1978.

DRUG ALLERGIES

Penicillin - rash and severe itching
24 hours after injection

IMMUNIZATIONS

	NO	YES	DATE IF KNOWN
BCG		✓	
Measles	✓		
Polio Series	✓		
DPT Series	✓		
DT Booster	✓		
Tetanus Booster		✓	1978
Other			

FAMILY HISTORY

Father died 1969 -- cough & blood

SOCIAL HISTORY

farmer living in isolated rural area,
heavy smoker

For the past medical history include serious childhood or adult illnesses, accidents, hospitalizations, or operations. For drug allergies, write the name of the drug and the type and severity of the reaction. In the family history section, record the major health problems and causes of death of members of the patient's family. Social history includes the patient's education, occupation, and any other information that may affect his health such as type of housing and sanitation, travel, or the use of alcohol and tobacco.

On the remaining panels record the date, symptoms, signs, diagnosis, and patient care for each patient visit to the health center. Make the entries accurate and complete. Use medical shorthand whenever possible. If you give an immunization, record the date of the immunization on the second panel beside the immunization given. Sign your name after each entry. Write neatly so other health workers can read the card if the patient visits another health facility. If a patient must return for further treatment or follow-up, note his appointment on the Patient Card.

Issue a new card to the patient when the old card is filled. Attach the new card to the old one. Tell the patient to bring them both on each future visit.

Under-Five Card

Use the Under-Five Card to record information about children under age five. Use the Patient Card for children over five. Use the Under-Five Card to make sure a child is growing normally, and to record a child's medical and family history.

DISTRIBUTION: Give the Under-Five Card to the child's mother. Tell her to bring it to the health center on each visit. Do not make copies of the Under-Five Card.

INSTRUCTIONS: When you issue the Under-Five Card, fill out the first two panels. Write the child's name, date of birth, and sex. Write the names of both parents and the address where they and the child are living. If the child is not living with the parents, write the address where the child is living, and why he is living there. Then write the date of the child's first visit to the health center, his birth weight, any illness or injury at birth, and any serious illnesses since birth. Fill in the Family History and Immunizations sections of the card. Write the dates of all past immunizations given to the child. Complete the immunization section as you give additional immunizations.

Use the second and fourth panels to write the date, symptoms, signs, diagnosis, and patient care for each patient visit. Sign your name after each entry. When you have filled these panels, add a continuation sheet to the card. See the sample Under-Five Card continuation sheet.

UNDER-FIVE CONTINUATION SHEET

[illegible]

The growth chart on the back of the card shows the child's rate of growth. Use the growth chart to record the child's weight at each well-baby visit. Write the child's name, birth weight, and reasons for any special care at the top of the chart. Reasons for special care might include premature birth, illness or injury at birth, or a family history of tuberculosis, malnutrition, leprosy, or other serious condition.

When you issue the Under-Five Card, write the month and year of the child's birth in the first box at the bottom of the growth chart. This box has a heavy line around it. Then write the name of the birth month in the first box at the beginning of each year. Fill in the names of the other months. In the sample chart, the child's birth date is 9 August 1980. Therefore, the mid-level health worker wrote Aug '80 in the first box, Aug '81 in the first box at the second year, and so on until all the months were written in.

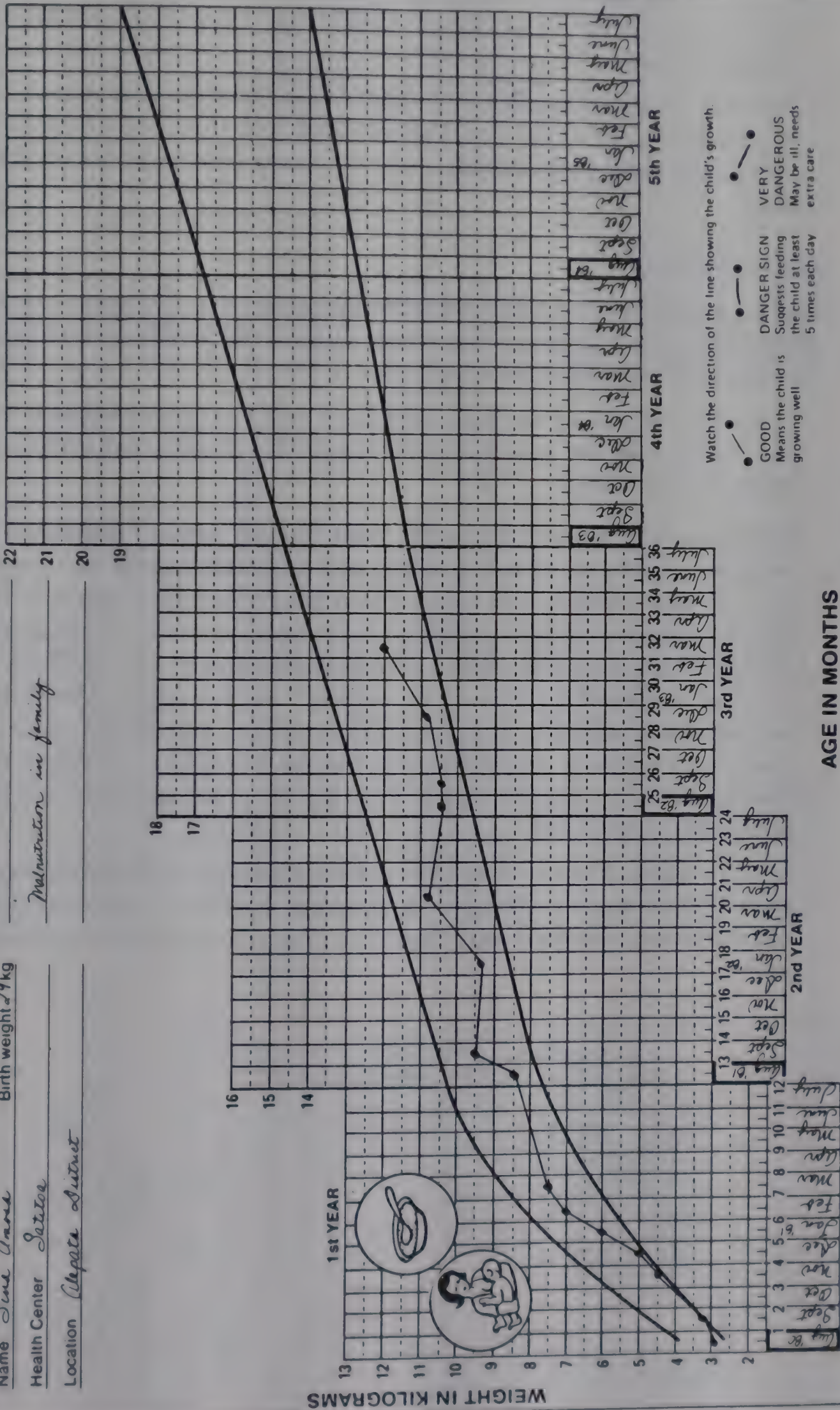
Each time you weigh a child, record his weight in the column directly above the box for that month. In the sample chart, the child weighed 2.9 kg at birth. In September she weighed 3.2 kg. The child was not

GROWTH CHART

REASONS FOR SPECIAL CARE

Name Sue Anne Birth weight 29 kg
Health Center Satoro
Location Alapata District

Malnutrition in family



weighed in October, but in November she weighed 4.5 kg. In December she weighed 5 kg; in January, 6 kg; in February, 7 kg; and in March, 7.5 kg. The child weighed 8.5 kg at age one. She weighed 10.5 kg at two years of age. On her March 1982 visit to the health center she weighed 12 kg.

When a child reaches age five, issue him a Patient Card. Attach the Under-Five Card to the new Patient Card. Tell the child's mother to bring both cards to the health center whenever she brings her child for care.

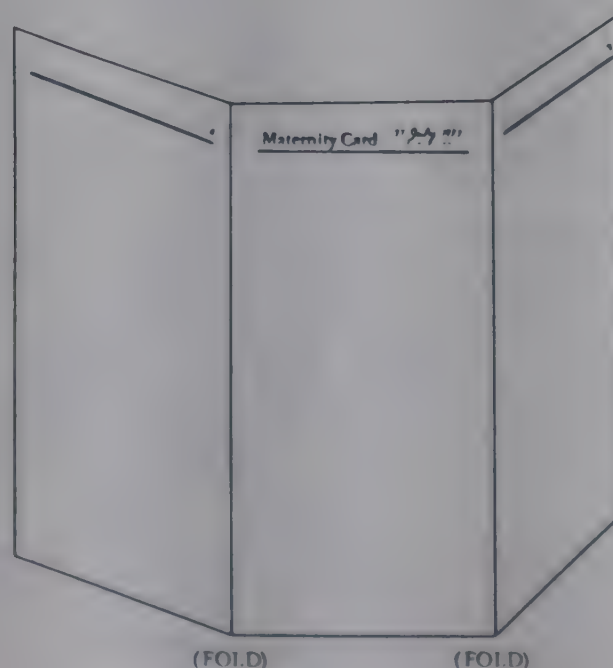
Maternity Card

Use the Maternity Card to record information about a pregnant woman's prenatal and postnatal care. The card includes a record of previous pregnancies and prenatal and postnatal visits.

DISTRIBUTION: Give the Maternity Card to the pregnant woman. Tell her to bring it to the health center on each visit. Do not make copies of the Maternity Card.

INSTRUCTIONS: Issue a Maternity Card to each woman diagnosed as pregnant. Fill in the woman's name, address, date of birth, and age on the first panel of the card. Also record the name and location of the health center and information about the woman's previous pregnancies. Check off any high risk factors on the second panel. Use the back of the card to record the date of the woman's last menstrual period, her expected date of delivery, tetanus immunization status, and information about prenatal care during the course of pregnancy. Fill in the fourth panel after the delivery and during the postnatal visits. See the sample Maternity Card.

Use the regular Patient Card if the woman visits the health center again after the six week postnatal examination. However, encourage the woman to keep the Maternity Card as an important history of her health care.



Maternity Card

27 July 1982
DATE OF BIRTH

4

POST NATAL

Date of Delivery	2 Dec. 1982
Place of Delivery	Satitona Health Center
Condition of Infant	Good
Weight of Infant	2.8 kg
Complications of Labor and Delivery	None

POSTNATAL VISITS

DATES	2 Dec.	14 Dec.	25 Jan.
Days after delivery	—	12	42
Blood pressure	110/75	125/80	120/75
Temperature	37°	37°	37°
Weight	2.8 kg	3.0 kg	3.5 kg
Breasts and nipples	Colostrum milk supply OK	nipples OK milk supply OK	good milk supply no problems
Discharge	red with some tissue	white, small amount	no discharge
Size of uterus	Just below umbilical area, firm	small, below symphysis pubis	small
Complications	φ	φ	φ
Child spacing advice	—	—	IUD inserted
Condition of infant	Good	Good	Good

HIGH RISK FACTORS

Refer to a hospital if any are checked.

AGE	PRESENT PREGNANCY
Under 16	Bleeding
Over 30, first pregnancy	Blood Pressure above 140/190
Over 35	Excess fluid in the uterus
HEIGHT	Large uterus for fetal age
Under 152.5 cm	No fetal heart sounds or movement after 24th week
PELVIS	Abnormal presentation after 28th week
Small or deformed	Early rupture of bag of waters
PREVIOUS PREGNANCIES	Malnutrition
More than five	Severe anemia
Two or more miscarriages	Heart disease or signs of heart failure
Stillbirth	Kidney disease
Cesarian section delivery	Diabetes
Forceps delivery	Tuberculosis
Vacuum extraction delivery	Malaria
Retained placenta	Sickle cell disease
Severe bleeding	
Prolonged labor	
Eclampsia	
Infant died within one week of birth	

Name *Mele Lomitu*

Address *Near marketplace in Japua Village, Alipata District*

Date of Birth *13 March 1956* Age *26*

Health Center *Satitona* Location *Alipata District*

PREVIOUS PREGNANCIES

PREGNANCY NUMBER	AGE		MISCARRIAGE, STILLBIRTHS, DIED LATER ALIVE NOW	REMARKS
	MALE	FEMALE		
1	6		alive	underweight
2	3		alive	healthy
3		1	alive	healthy
4				
5				
6				
7				
8				
9				

Patient Referral Report

Write out the relevant patient referral information when referring patients from the health center to a hospital for follow-up care or additional treatment. With a patient-held card system, you write the referral information on the Patient Card or Under-Five Card. Follow these three steps when you refer a patient:

STEP 1: Discuss with the family who should accompany the patient. Tell the family approximately how much money they will need to cover expenses. Help to arrange transportation.

STEP 2: Write the patient referral information on the patient-held card.

STEP 3: Make sure the person accompanying the patient knows how to care for the patient properly during the journey. Give the patient-held card to the person accompanying the patient. Tell this person to give the card to a doctor or nurse at the district hospital. If possible, notify the hospital of the patient's estimated time of arrival.

DISTRIBUTION: Send the patient referral information to the hospital with the patient.

INSTRUCTIONS: Write the date and patient referral information on the patient-held card. Briefly describe the reason for the referral and any treatment you have given to the patient. Sign the card neatly so the doctor at the hospital will know who referred the patient.

Be sure to write "referred" in the diagnosis column of your Patient Register for this patient.

Patients referred as a result of an accident will usually not have their patient-held card with them when they come to your health center. For these cases, write the patient referral information on a new patient-held card.

DATE	SYMPTOMS, SIGNS, DIAGNOSIS, AND PATIENT CARE
29 Oct 82	PC - Patient in automobile accident
	BP - 95/50 T 35°C Pupils dilated but reactive to light. Clear pink fluid from \odot ear
	Dx - Head injuries with possible depressed skull fracture
	Rx - ① Laceration on scalp sutured to control bleeding
	② Referred to hospital
	Malia Vailima

PATIENT REFERRAL REPORT

8.5 PROCEDURES AND FORMS FOR RECORDING INFORMATION ON HEALTH CENTER RECORDS

Keep records of your work and the work of the health team. You and your supervisor use these records to identify health problems in the community and to plan health services to meet those problems. The health center records are:

Patient Register
Labor Chart
Follow-up Book
Diary of Health Activities

Patient Register

Use the Patient Register to record information about all health center patients. The Patient Register provides a permanent record of all patients and the health services that they receive from you and your health team.

DISTRIBUTION: Keep the Patient Register in the health center at all times.

INSTRUCTIONS: Fill in the date, and the patient's name, address, age, and sex. After you have seen the patient, write the diagnosis and list the quantity of drugs dispensed. If you received money from the patient, enter the amount in the Fees Collected column.

If you care for patients in their homes or elsewhere in the community, enter their names in the Patient Register when you return to the health center. If you refer a patient, write the diagnosis and "referred" in the Diagnosis column. See the sample Patient Register.

Record prenatal, postnatal, well baby, or child spacing visits in the Diagnosis column. Also record deliveries in the Diagnosis column. If the person making any of these types of routine visits also has a health problem, record that problem in the Diagnosis column. If the person has more than one problem, record the primary diagnosis.

When the health center is busy, the auxiliary nurse or the midwife may register the patients, dispense the drugs, and collect the fees. In this case they will copy the diagnosis onto the Patient Register and dispense the drugs based on what you have written on the Patient Card.

Patient Register

MINISTRY OF HEALTH FORM 23

Health Center *Satitona* Location *Allepata District*

DATE	NAME OF PATIENT	ADDRESS	AGE	SEX M F	DIAGNOSIS	DRUGS DISPENSED	FEES COLLECTED
1 Sept	Siaki Atamo	Satitona	28	X	Malaria	Chlor #7	.50
1 Sept	Moana Jui	Satitona	22	X	Prenatal visit	Ferrous sul. #100	—
1 Sept	Mule Maono	Satitona	19	X	Prenatal visit	Ø	
1 Sept	Saute Pasi	Vailoa	43	X	URI	Aspirin #20	.50
1 Sept	Sina Lauilima	Satitona	5	X	Measles	Ø	.50
2 Sept	Alofa Petaia	Iaieva	51	X	Diarrhea	Ø	.50
2 Sept	Jatue Petaia	Iaieva	10 mos	X	Well baby	DPT, polio	—
2 Sept	Pita Iaape	Satitona	39	X	Otitis media	250mg penicillin #40	.50
3 Sept	Lana Leota	Satitona	28	X	Delivery	Ø	\$ 3.00
3 Sept	Amior Penaia	Satitona	10	X	Intestinal blockage -- referred	Ø	—
3 Sept	Atamoi Iuimanono	Satitona	18	X	Puncture wound	Tet. toxoid	.50
3 Sept	Enosa Lomitusi	Satitona	28	X	Gonorrhea	Procaine pen 4.8 ml inj; 1g probenecid	.50
6 Sept	Masina Apetaia	Vailoa	32	X	Child spacing	Pills - 2 cycles	—
6 Sept	Amata Ialetoea	Vailoa	19	X	Prenatal visit	Ø	—
6 Sept	Lolo Janoese	Satitona	4	X	Well baby	Ø	
6 Sept	Jale Matata	Satitona	3	X	Well baby	Ø	
6 Sept	Iva Manulele	Satitona	62	X	Arthritis	Aspirin #50	.50

Labor Chart

Use the Labor Chart to record the progress of a woman in labor.

DISTRIBUTION: Keep Labor Charts in a file in the health center for a year after using them.

INSTRUCTIONS: Fill in the history of the woman in labor on side one of the chart. Fill in the name of the woman and place of delivery at the top of side two of the chart.

Observe the woman during labor. Record the information called for on the chart each time you examine the woman. After the delivery, record the time and date of birth, weight and sex of the baby, time the placenta was delivered, APGAR score and newborn assessment, and a brief description of any complications of delivery. Then sign the chart and write your title.

Transfer the date of delivery, condition and weight of the infant, and complications of labor and delivery to the fourth panel of the mother's Maternity Card.

Labor Chart

History of a Woman in Labor

MINISTRY OF HEALTH FORM 24

Name: Mile LomitusiOnset of labor pains Date 2 Dec. '82 Time 3:30 a.m.Frequency of labor pains every 7 to 8 minutesLast prenatal examination Date 30 Nov. '82

If the woman has not had a prenatal examination or if she does not have her Maternity Card with her, note any prenatal problems and medical conditions she can recall: _____

Vaginal bleeding Yes ☐ No ☒

Describe the bleeding: _____

Bloody show Yes ☒ No ☐Last meal Date 1 Dec. '82 Time 5:00 p.m.Bag of waters broke Date 2 Dec. '82 Time 5:00 a.m. Last stool Date 1 Dec. '82 Time 7:30 p.m.Name or type of any drug or treatment taken to increase or decrease labor: noneName of Traditional Birth Attendant Elena OpetaiiaAddress of Traditional Birth Attendant Fusi VillageTraditional Birth Attendant available to assist delivery? Yes ☒ No ☐

Labor Chart

2

Name Mele Lomitusi

Place of Delivery Satitor Health Center

TIME	BP	PULSE	TEMP	URINE	STOOL	DRUGS	FHR	CONTRACTION		PRESENT- ING PART	STATION	CERVIX		COMMENTS
								LENGTH	FRE- QUENCY			EFFACE- MENT	DILA- TION	
7:00am	110/70	88	37	✓		Ø	136	60sec	3 min	top of head	engaged	partial	9 cm	
8:00am	112/82	82			✓	Ø	140	75sec	3 min	"	engaged	complete	10 cm	
8:30am	114/80	88			✓	Ø	140	75sec	2 min	"	engaged	complete		
9:00am	116/82	86				Ø	140	75sec	2 min	"	crowning			
9:30am	108/70	82	37			Ø								

Time and Date of Birth 9:35a.m. 2 Dec. 1982

Weight 2.8 kg ☐ Male ☒ Female

APGAR Score: After 1 min 10 Newborn Assessment No abnormalities

After 5 min 10

Complications of Delivery none

Time of Placenta 10:05 a.m.

Name of Attendant Malia Vailima, MLHW

Follow-Up Book

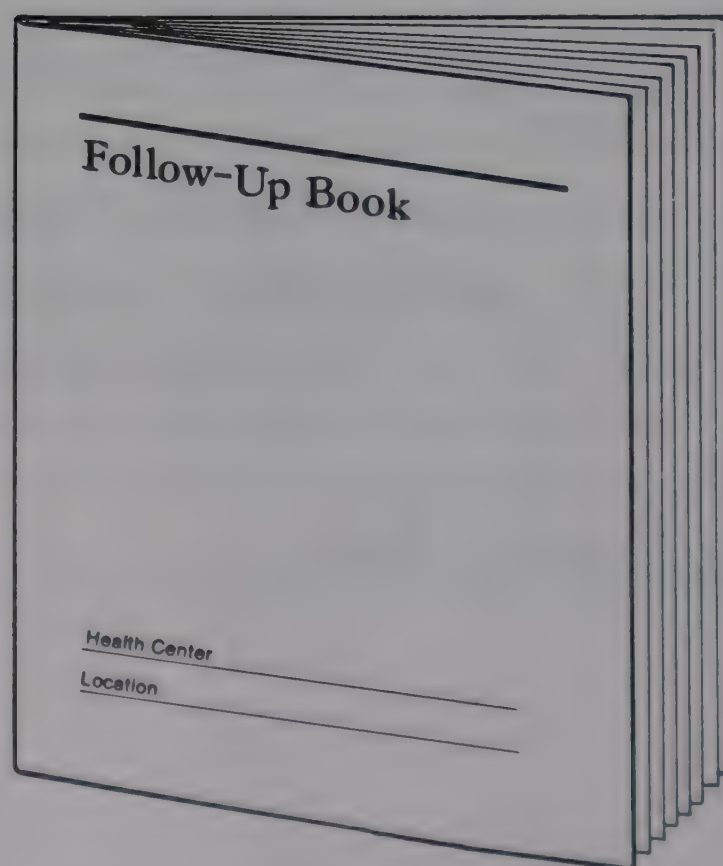
Use the Follow-Up Book to keep track of patients needing follow-up care over a period of months or years. Record and follow up:

Pregnancy	Leprosy
Child Spacing	Diabetes
Malnutrition	Hypertension
Tuberculosis	

If you have many patients to follow up, use a separate follow-up book for each condition. For example, use a Tuberculosis Follow-Up Book, a Maternity Follow-Up Book, and so on.

DISTRIBUTION: Keep the Follow-Up Book in the health center at all times.

INSTRUCTIONS: Fill in the name, address, age, and sex of the patient you are going to follow over a period of time. Write the reason for follow-up. Each time you or a team member sees the patient, write the date and a brief note on the patient care given. Write a more detailed explanation of the care given on the Patient Card which the patient brings with him to the health center on each visit. Write in the Follow-Up Book and on the Patient Card the date of the patient's next scheduled visit. If the patient does not keep his appointment, circle the date in the Follow-Up Book and make a home visit as soon as possible.



Diary of Health Activities

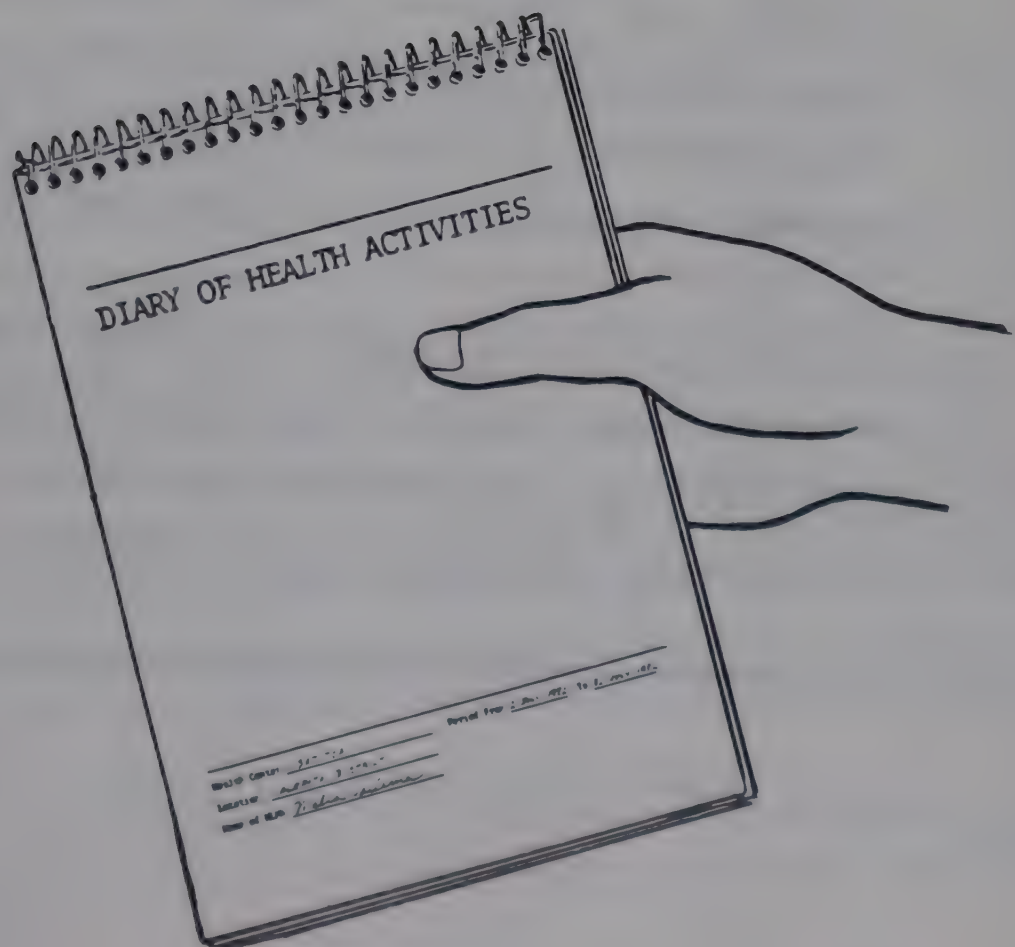
Use a diary to keep a record of your community activities and other important events. This record will help you plan your activities better and carry out your work more effectively. Review the diary with your district supervisor when he visits the health center. Then your supervisor will know what work you are doing and can help support you in carrying out this work.

DISTRIBUTION: Take the diary with you when you work in the community. Keep the diary in the health center at other times.

INSTRUCTIONS: Use a notebook for your diary. Date each entry.

Record your community activities and other important events in the diary. Examples of community activities are visits to community health workers, home visits, visits to schools, health committee meetings, and work on community health projects. Examples of important events are district level meetings, visits by your supervisor or other health workers, major accidents or disease outbreaks in your area, and any special problems or achievements of your health team. It is not necessary to write in your diary every day. Make entries only when you have community activities or important events to record.

If another member of the health team carries out community activities, you may want that team member to keep his own diary. From time to time, you can review his diary with him. Then you will know what work he is doing and can help to support him in carrying out his work.



- 3 Sept. 1982 - Regular monthly visit with CHW Leilani in Makiki Village. Delivered supplies and Leilani practiced mixing oral rehydration solution. We did two home visits to Elena Matai and Sina Vaao who are pregnant. Leilani will deliver them next month.
- 5 Sept. 1982 - Nutrition demonstration for third graders at the Satitoo primary school. Prepared high protein food for the class to taste.
- 8 Sept. 1982 - Three home visits to follow-up tuberculosis patients. Contacted Atamai Toilolo and Masina Fatai who are taking their medicine regularly. Leota Pita, the third patient, is visiting relatives in another district, and I did not see him.
- 9 Sept. 1982 - The Permanent Secretary and other MOH officials visited the health center in the morning. I introduced them to community leaders and to health

8.6 PROCEDURES AND FORMS FOR REPORTING HEALTH INFORMATION

Send the following health information reports from the health center to the district level:

Monthly Patient Report

Notification of Birth

Notification of Death

Monthly Patient Report

Use the Monthly Patient Report to report the number of diseases diagnosed, the number of maternal and child health services provided, and the number of referrals made during the month. Your district supervisor combines the information from all the health centers into a district monthly report, which he sends to the central ministry of health. The ministry of health uses this information to keep track of health services being provided in the country. Review the copies of your Monthly Patient Reports over a period of months to see how diseases and services are increasing or decreasing at your health center.

DISTRIBUTION: Send the original to your district supervisor. Keep a copy in the health center's Workload Statistics file.

INSTRUCTIONS: Fill out a Monthly Patient Report at the end of every month. Write the month and year covered by the report, the name and location of the health center, your name, and job title.

In the diseases section, write the total number of sick persons treated each day based on information in the diagnosis column of the Patient Register. Some diseases are printed on the form. Space is provided for you to write in any unusual conditions such as tetanus of the newborn, hepatitis, measles, or any other condition that you think is important enough to call to the attention of your district supervisor. In the unusual conditions section, also record all deaths that occur in the health center and confirmed deaths of patients under treatment by health center staff.

When you refer patients, record the number of referrals only on the line marked "referral to hospital." Do not record referrals on a line for any disease.

On the line marked "all other," record the number of patients you have treated but who are not included on one of the other lines in the diseases section.

Write in the MCH services section the number of prenatal, postnatal, well baby, and child spacing visits. Also record the number of immunizations given and the number of births attended by you or your team based on information in the Patient Register.

The Monthly Patient Report form has thirty-one columns, one column for each day of the month. Record the information daily in the appropriate column. At the end of the month, add each of the lines to give a monthly total. On November 3, in the sample Monthly Patient Report, the health team diagnosed and treated one case of malaria, three cases of disease spread by sexual contact, one case of diarrhea, one case of measles, eight other problems, and referred a patient to the hospital. On November 3 they also provided maternal and child health services to four prenatal women, two postnatal women, three well babies, and gave one measles and one DT immunization.

Health Center *Satitoo* Location *Alegre Dist.*

Monthly Patient Report For the Month of *November* 19 *82* Title *MLHW*

Name *Malio Valima*

DISEASES	DAY OF THE MONTH																															MONTHLY TOTAL
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Tuberculosis							1								1									1								2
Leprosy																																1
Malaria			1					1					1				2				2							1				8
Sexual Contact Diseases	1		3			2			1	1			4			1			1				2						1	1		18
Severe Malnutrition							1			1												2										5
Diarrhea	2		1			3		2	1			4	1	3		1			2	1	3	1						2	2	2		31
Unusual Conditions (Specify)																	2															5
Measles			1				1							1																		1
Tetanus of newborn																																

Preventive MCH Services		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Prenatal Visits			1	4					1		7				1			5				1			3			1			4		29
Postnatal Visits		1		2					1	1	1							2						4					1	2		15	
Well Baby Visits				3		16						2	18				1	2		10				4	4	2	14		1	1		74	
IMMUNIZATIONS		BCG	2			3	1				1		8		1					7		2			1			6			1	33	
		Measles	1	1		2		2			2		4					1		6								4		2		23	
		Polio					4		1				2	2			2			9	2		1				5	1				27	
		DPT		1			4			3				6					1		2				1			6		1		25	
		DT			1												1								1					1			4
Tetanus Toxoid																																	
Births Attended	Health Center Delivery			1									1															1					3
	Home Delivery																		1													1	
Child Spacing Visits		1							1													1								2			6
		1	2				1				2			2			1	1		2	1	1						1	1	1		19	

Notifications of Birth and Death

Use the Notification of Birth and Notification of Death forms to report births and deaths. Fill out and submit a form for every birth attended by health center staff. Fill out and submit a form for any death that occurs at the health center.

DISTRIBUTION: Send the Notification of Birth and Notification of Death forms to the registrar of births and deaths. Do not make a copy.

INSTRUCTIONS: Fill in the information required and then write the name, title, and address of the person reporting the birth or death. On the Notification of Death form, under "Cause of Death," describe the symptoms or the complaints before death if the cause of death is unknown.

Notification of Birth

MINISTRY OF HEALTH FORM 27

Name of Child	<i>Sina Amosa</i>		<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female
Date of Birth	<i>9</i>	<i>August</i>	<i>1980</i>	
	DAY	MONTH	YEAR	
Place of Birth	<i>Vavau</i>		<i>Alepata</i>	
	VILLAGE, TOWN, CITY		DISTRICT	
PLACE OF DELIVERY	CONDITION AT BIRTH		ATTENDANT	
<input type="checkbox"/> Hospital	<input checked="" type="checkbox"/> Alive <input type="checkbox"/> Dead		<input checked="" type="checkbox"/> Health Worker	
<input checked="" type="checkbox"/> Health Center	NUMBER AT BIRTH		(Specify) <i>MLHW</i>	
<input type="checkbox"/> Home	<input checked="" type="checkbox"/> Single		<input type="checkbox"/> Other	
<input type="checkbox"/> Other	<input type="checkbox"/> Multiple (Specify) _____		(Specify) _____	
<hr/>				
Name of Mother	<i>Elena Amosa</i>			
Usual Place of Residence	<i>Vavau</i>			
Name of Father	<i>Saute Amosa</i>			
Usual Place of Residence	<i>Vavau</i>			
Name and Title of Person Reporting Birth	<i>Malia Vailima, MLHW</i>			
Address	<i>Satitua Health Center, Alepata District</i>			
Date of Notification	<i>13 August 1980</i>			

Notification of Death

MINISTRY OF HEALTH FORM 28

Name of Deceased *Malo Opetaia* ☒ Male ☐ Female
Usual Place of Residence *Fusi Village, Alepata District* Age *59*
Name of Spouse, Parent, or Other Relative *Lana Opetaia*
Relationship to Deceased *Wife*
Date of Death *10 November 1981* Place of Death *Satitua*
DAY MONTH YEAR VILLAGE, TOWN, CITY

Cause of Death or Complaints Before Death

Heart failure

Name and Title of Person Reporting Death *Malia Vailima, MLHW*
Address *Satitua Health Center, Alepata District*
Date of Notification *16 November 1981*

SECTION 9

Managing the Work Place

9.1 POLICY STATEMENT

The mid-level health worker manages the work place to provide the best possible services to the community. To do this, he:

- Organizes the staff, facilities, and equipment of the health center

- Organizes and maintains health center records

- Arranges protection for the health center

- Prepares Handing-Over Notes

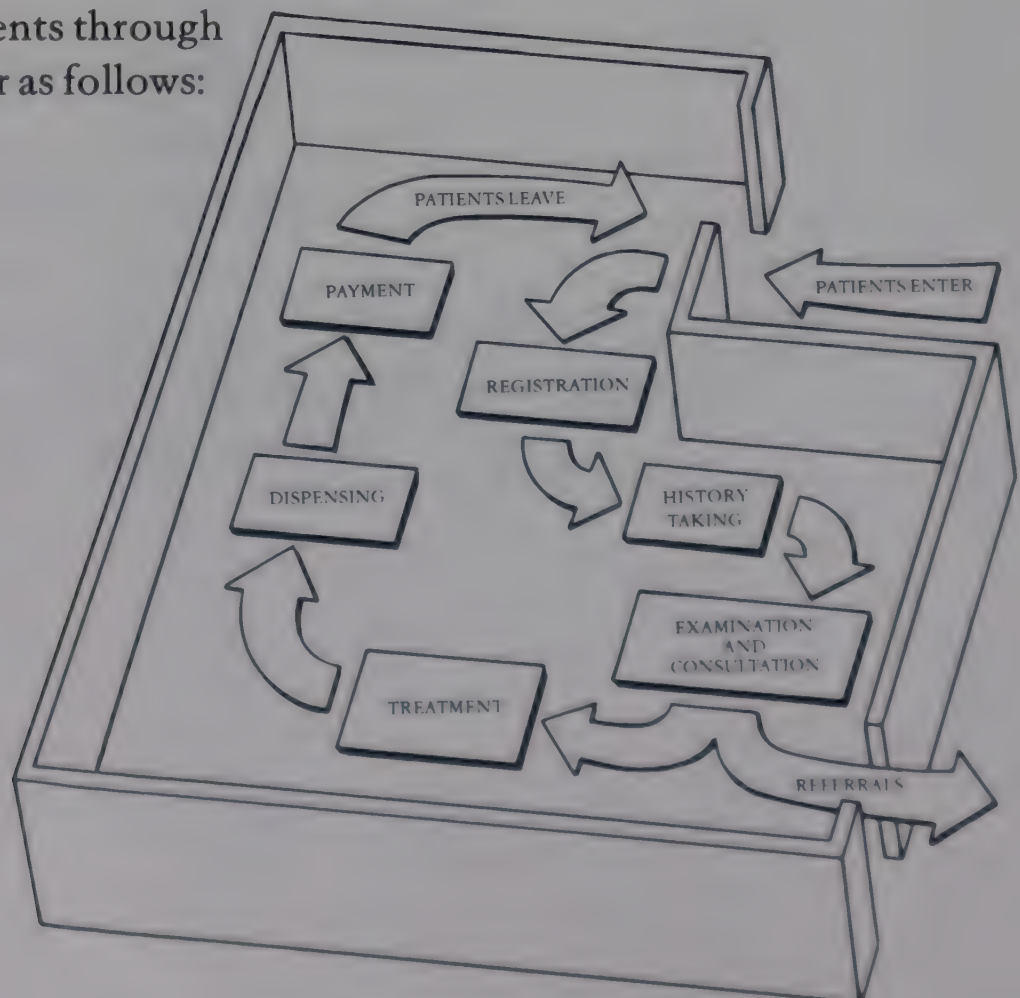
- Evaluates the management systems supporting the health center

9.2 ORGANIZING THE STAFF, FACILITIES, AND EQUIPMENT OF THE HEALTH CENTER

Staff Location and Patient Flow

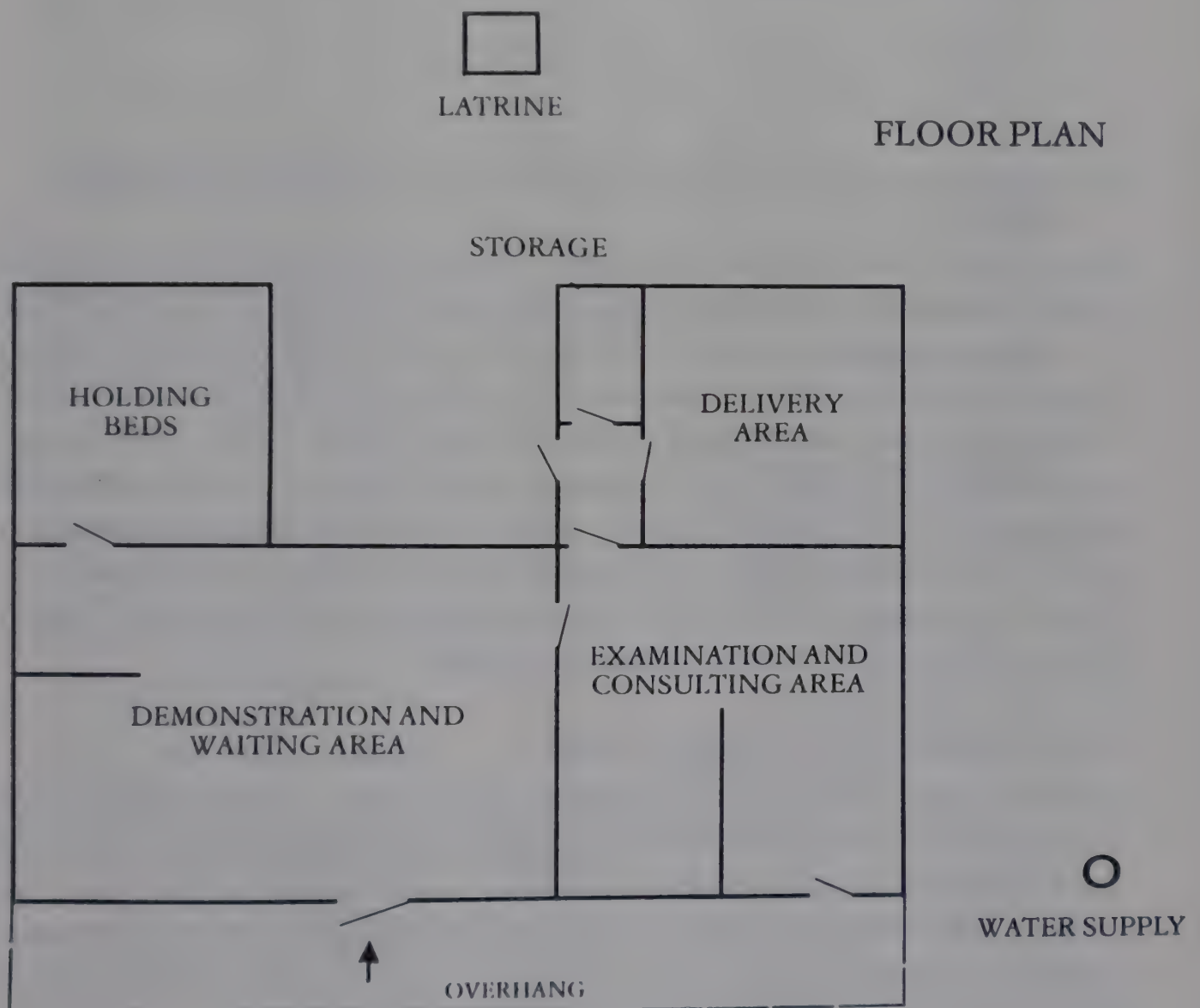
Set up work stations in the health center so you have a smooth and even flow of patients with no long waiting lines.

Process the patients through the health center as follows:



In addition to these stations and services, you may have patients attend group health education sessions or stay in holding beds for observation if necessary. To reduce waiting time, provide several services at one station. Prepackage drugs which you dispense frequently.

Because you cannot eliminate all waiting at a busy health center, set aside a large enough area for registration and waiting. If there is not enough space inside the health center for waiting patients, seek community support to construct a canopy or simple shelter beside the center which will protect waiting patients from the sun and rain.



Hours of Operation and Clinic Schedules

Keep the health center open to the public for patient care from 8:00 a.m. to 3:00 p.m. Use the time after 3:00 p.m. to complete records, count the cash received and make entries in the Cash Receipts Book, organize supplies, and clean the center. Adjust the work schedule to meet any special local needs. The schedule must include the services and activities listed in the ministry of health standard work plan in Section 11.2 of this manual.

Assign either yourself, the auxiliary nurse, or the midwife to be on call twenty-four hours a day. If the team member assigned to on-call duty is not living near the health center, make arrangements for the guard to notify the team member of the arrival of an emergency case.

Schedule clinics and special programs and services such as mothers' clubs, health education programs, and demonstrations to meet local needs.

Arrange health center operations so team members can make regular supervisory visits to community health workers and carry out other activities in the communities. Budget your time so that out of a five-day week, you will spend the equivalent of three days in the health center and two days working in the community.

9.3 ORGANIZING AND MAINTAINING HEALTH CENTER RECORDS

Keep the health center records current. Keep the records where they are used. For example, keep the Patient Register on the table where patients are registered, and the Labor Charts in the room where you deliver babies. Place loose records in file folders at the end of every day so they can be found when they are needed. Store files and health center records in a specific place on a shelf, in a cupboard, or in file boxes where you and the staff can find them easily. Clearly label file folders, shelves, drawers or boxes containing health center records. Keep confidential files in a locked drawer or cabinet. Order blank forms monthly on the Inventory, Order, Issue, and Receipt Form for general supplies.

Filing System for the Health Center

Use the subject classification shown in the Health Center Files list below to organize the filing system for the health center. In addition, give each file a number to make it easier to file the items in their proper place and to see if any files are missing. Maintain a master list such as that shown below for orienting new personnel and to include in the Handing-Over Notes if you are transferred to another Health Center.

To add a new subject file to the system, label a file folder with the new subject, determine which main classification it belongs to, place the number on the file, and add the title to the master list of files.

HEALTH CENTER FILES

1. DRUGS AND MEDICAL SUPPLY
 - 1.1 Drug Orders Pending
 - 1.2 Drug Orders Received
2. GENERAL SUPPLY
 - 2.1 Supply Orders Pending
 - 2.2 Supply Orders Received
 - 2.3 Local Purchase Order Requests
 - 2.4 Local Purchase Orders Received
 - 2.5 Reimbursement Requests
 - 2.6 Reimbursements Received
3. FACILITIES AND EQUIPMENT MAINTENANCE
 - 3.1 Inventory and Maintenance
 - 3.2 Repair Requests
 - 3.3 Loss, Theft, or Damage
4. TRANSPORTATION
 - 4.1 Transportation Survey
 - 4.2 Vehicle Repair Requests
 - 4.3 Vehicle Accident Reports
5. COMMUNICATION
 - 5.1 Communication Survey
6. PERSONNEL
 - 6.1 Job Descriptions
 - 6.2 Orientation
 - 6.3 Training
 - 6.4 Leave Schedules
 - 6.5 Disciplinary Action
(Confidential)
 - 6.6 Employee Personnel Files
(Confidential)
Keep one file for each health team member, including community health workers. See Section 6.2 of this manual for details on the employees' personnel files and a list of their contents.
7. FINANCE
 - 7.1 Annual Budget Estimates
 - 7.2 Statements from Patients Who Pay No Fees
 - 7.3 Travel and Subsistence Expenses
 - 7.4 Advance of Funds
8. HEALTH INFORMATION
 - 8.1 Monthly Patient Reports
 - 8.2 Labor Charts
 - 8.3 Community Health Assessment Data
 - 8.5.1 Community A
 - 8.5.2 Community B
 - 8.5.3 Community C
 Keep a file for each major community, or group of communities in the health center's service area.
9. HEALTH CENTER OPERATIONS
 - 9.1 Incoming Correspondence
 - 9.2 Outgoing Correspondence
 - 9.3 Health Center Operations Planning
 - 9.4 Health Center Advisory Committee
 - 9.5 Handing-Over Notes
10. DISTRICT HEALTH SERVICES
 - 10.1 District Health Team
 - 10.2 Maternal and Child Health
 - 10.3 Immunizations
 - 10.4 Environmental Health
 - 10.5 Health Education
 - 10.6 Communicable Disease Control
 - 10.6.1 Malaria
 - 10.6.2 Leprosy
 - 10.6.3 Tuberculosis
 There should be a file for each active disease control program.
11. MISCELLANEOUS
12. MANUALS

To be placed on book shelf.

 - 12.1 Health Center Operations Manual
 - 12.2 Formulary and Diagnostic and Patient Care Guides
 - 12.3 Patient Care Procedures
 - 12.4 Community Health Reference Manual
 - 12.5 Community Health Worker Training Materials

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Disposing of Records

Clean out health center files regularly to avoid cluttering them with useless and outdated material. Burn any confidential files that are to be disposed of. Use the following guidelines for keeping or disposing of records:

TYPE OF RECORD	RETENTION PERIOD
a. Patient Register, Follow-Up Books, and Diary; transportation, communication and community health surveys; minutes of health committee meetings	Keep five years
b. Monthly Patient Reports	Keep three years
c. Drug and general supply records; inventory and repair records; loss and accident reports; letters, memos, and other correspondence; budget estimates and finance records except cash receipts book	Keep two years
d. Handing-over notes; cash receipts book	Keep permanently
e. Personnel files	Keep records for current employees only
f. Manuals	Keep most recent edition; destroy outdated material

Receiving and Submitting Official Reports

Mark all incoming correspondence and reports with the date when they are received.

Act on official requests according to the instructions in the request. Process and reply to all inquiries from employees and the public within five days of receipt if a reply is in order.

Insert in the Health Center Operations manual all new policies, procedures, regulations, and forms concerning health center operations. Destroy the outdated material.

Insert all new formulary, diagnostic and patient care guides, and patient care procedures information in the Formulary, Diagnostic and Patient Care Guides, and Patient Care Procedures manuals. Destroy any outdated material.

9.4 PROTECTING THE HEALTH CENTER

Responsibility for Keys and Locking Up

You have full and final responsibility for the protection of the health center and all the equipment, supplies, and records that are a part of it.

You may delegate this responsibility to other members of the team when you are off-duty or away from the health center. When away from the center, make it clear who is responsible and who is to keep the keys.

Lock the health center during non-duty hours. Give a key to the team member who is on call for the purpose of responding to emergencies.

Securing and Closing the Health Center

Establish a routine procedure for ensuring the security of the facility when it is closed. Check the following on an inspection tour before closing and securing the health center for the night or weekend:

- Equipment, including the refrigerator, bicycles, and motorcycle
- Drugs and narcotics
- General supplies
- Records
- Foodstuffs
- Latrine
- Well
- All doors and windows
- Gates

Make sure the health center is cleaned, supplies and records put away, and equipment cleaned and put in its proper place before the health center is closed.

Supervising the Guard

Instruct the guard to remain on the health center grounds at all times during his duty hours. Tell him to move about the grounds, checking doors and windows, and investigating any unusual circumstances. Tell him to be constantly alert and to not engage in any activity which would divert his attention from guarding the health center.

Tell the guard to make a round of the health center and grounds, checking all doors, windows, and gates to make certain they are properly closed and locked after the team members have departed.

Tell the guard that in the case of emergency medical cases he is to send immediately for the team member on duty. He should not leave the health

center, but should send someone else. In the event of security problems such as fire, theft, attempted break-in, or destruction of property, he should immediately notify you. If you are not available, he should notify the team member on duty. Inform the guard each day as to who is on duty and where he can be located in case of emergency.

Tell the guard to note any problems during his shift which are not of an emergency nature and report them to you at the end of his shift.

9.5 HANDING-OVER NOTES

When you transfer to another health center, you write Handing-Over Notes to assist the new person in assuming his duties. Prepare the notes in two parts:

PART I - Information, advice, and recommendations about the duties of the position

PART II - List of all government property for which the person is responsible and a description of its condition

Use this outline for preparing Handing-Over Notes:

HANDING-OVER NOTES

Date: _____

Health Center: _____

Address: _____

Incoming Mid-Level
Health Worker: _____

Outgoing Mid-Level
Health Worker: _____

PART I - Duties of the Position

Position Description

Attach a copy of the official job description.

Describe work performed which varies from the official position description.

Personnel

List the personnel who work for you, their functions and capabilities.

Describe other persons with whom you work, their functions, and how they relate to you.

Health Service Area

Briefly describe your health service area.

Describe each community served by a community health worker, its problems, leadership, and current health projects.

Describe each community health worker including his functions, capabilities, and community acceptance.

Describe gaps in coverage in the service area.

Make recommendations for improving coverage.

Health Center Operations

Describe how the health center functions. Describe any special problems which need attention. Review:

- Facilities
- Equipment
- Drugs
- Supplies
- Transportation
- Communication
- Record Systems
- Housekeeping
- Preventive maintenance and repairs
- Security
- Hours of operation
- Patient load
- Special health problems
- Referral system

Make recommendations for improving health center operations.

Supervision

Describe supervisory problems. Describe any methods of supervision which you have found helpful in working with the health center team and the community health workers.

Describe the supervision given to your health center by your district supervisor.

Make recommendations for improving supervision.

Current Work and Problems

List all important current work assignments and problems which need attention. Make recommendations on how to handle each of them.

Priorities

List your idea of the priority needs of your health center. Needs may include equipment, facilities, staffing, training, recruiting more community health workers, improving community relations, transportation, communications, and more support from ministry of health programs.

Personal Suggestions

List suggestions which will assist your replacement in adjusting to his new position. Suggestions may include persons who can help, places to buy things, recreational opportunities, valuable contacts in the community, and other suggestions.

PART II - Handing-Over Government Property

Prepare an up-to-date inventory of all government property including facilities, equipment, supplies, and drugs. Use the inventory forms provided in this manual.

Review this inventory with your replacement. Both of you sign it, and submit a copy to your supervisor. Each of you keep a copy for your own records.

**9.6 EVALUATING THE MANAGEMENT SYSTEMS
SUPPORTING THE HEALTH CENTER**

Evaluate the management systems supporting the health center and plan improvements when they are needed. Follow these steps in doing the evaluation:

STEP 1

Draw up a checklist for each of the eight support systems and the general operations of the health center. Involve the district supervisor and the members of the health team in making the checklist. See the sample checklist for personnel at the end of this section.

STEP 2

Review each support system and the general operations of the clinic with the health team members and the district supervisor, if he is available, using the checklists.

STEP 3

Write suggestions for improvement in the "Proposals for Improvement" column on the evaluation checklist.

STEP 4

Decide which improvements are most important. Request the district supervisor's approval and assistance in implementing improvements that require action from higher levels of the ministry of health.

STEP 5

Follow up at regular intervals. Review the status of improvement actions in regular staff meetings of the health team.

CHECKLIST FOR EVALUATING HEALTH CENTER MANAGEMENT SUPPORT SYSTEMS

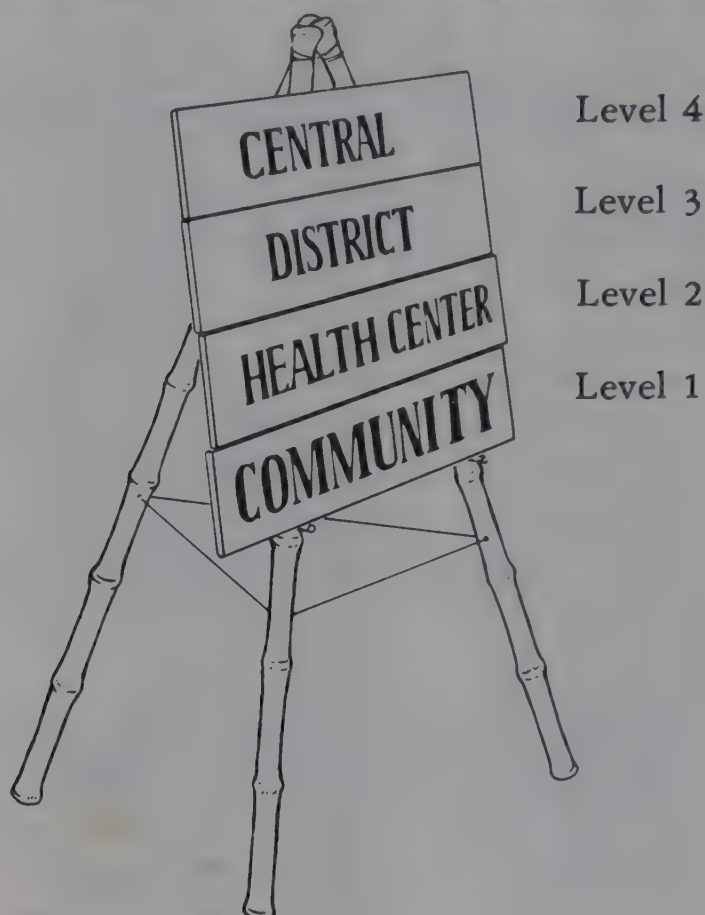
MANAGEMENT SYSTEM: PERSONNEL			
PREPARED BY: <i>Satitova Health Center Team</i>			DATE: <i>16 June 1982</i>
Question	Check		Proposals for Improvement
	Yes	No	
1. Are all positions in the health center filled?		X	<i>Submit formal request for auxiliary nurse to supervisor</i>
2. Are there job descriptions for each position?	X		<i>Request assistance from personnel officer for updating job descriptions</i>
3. Is each health team member familiar with his job description?	X		<i>Involve health team members in updating descriptions</i>
4. Is informal performance evaluation done regularly?		X	<i>Weekly performance evaluation reviews and on-the-job training for each team member</i>
5. (CONTINUE WITH AS MANY QUESTIONS AS REQUIRED)			
6.			

SECTION 10

The National Primary Health Care System

10.1 LEVELS OF THE NATIONAL PRIMARY HEALTH CARE SYSTEM

The primary health care system in the country is divided into four levels:



Level 1 – Community

Community health workers provide simple preventive and curative services at Level 1 of the primary health care system. The goal is to provide these essential services to all of the population by the year 2000. Community health workers usually work out of their own homes, but some communities provide a small health post where health activities are conducted. Community health workers refer patients to nearby health centers and are supported by mid-level health workers out of a nearby health center.

Level 2 – Health Center

Mid-level health workers and their teams provide basic preventive, promotive, and curative services at Level 2 of the primary health care system. Mid-level health workers work out of health centers and support community health workers in the areas around the health center. Mid-level health workers refer to district hospitals patients they cannot treat. Mid-level health workers are supported by members of district health teams.

Level 3 – District

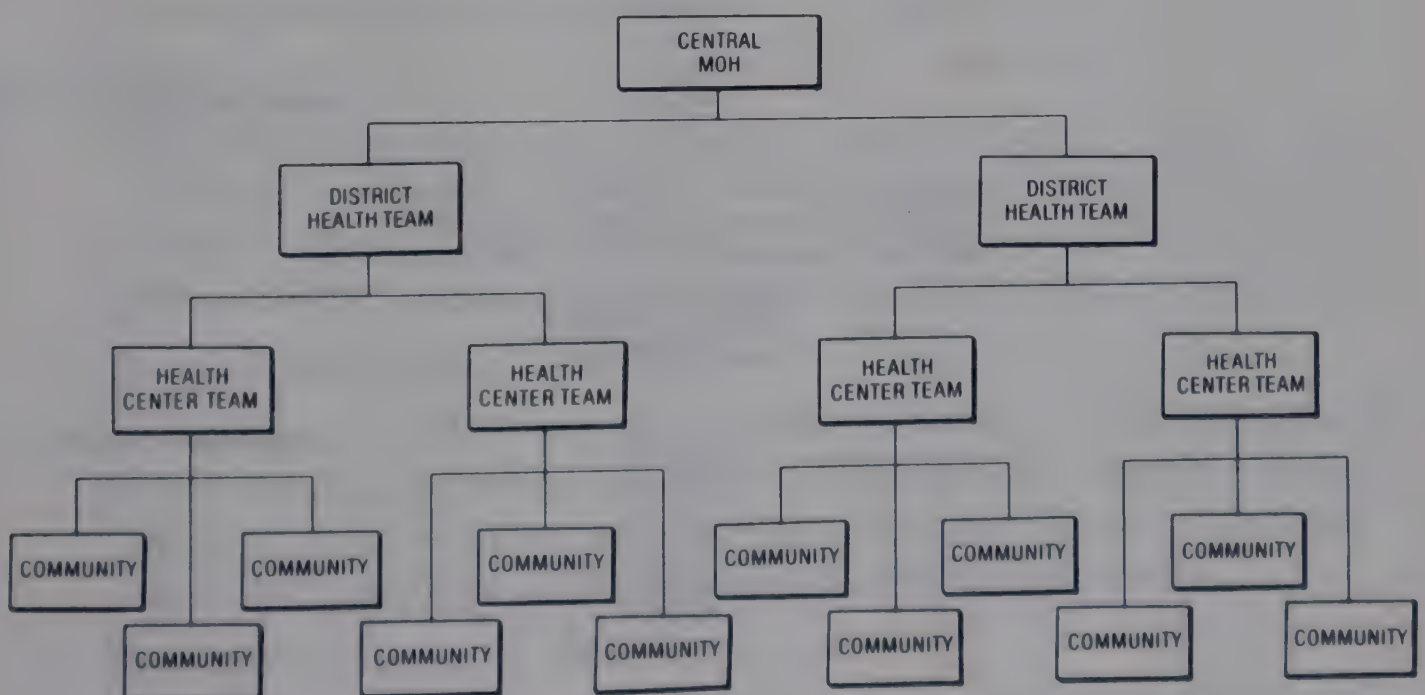
District health officers and their teams provide a full range of preventive, promotive, and curative services at Level 3 of the primary health care system. Each district hospital offers services which include minor surgery, X-ray, lab, emergency, and outpatient services. The district health team, consisting of a public health nurse, a health inspector, and other health workers, is based at the district hospital. The district health team and other staff at the district hospital provide medical supervision and management support services for all health centers located within the district. The district hospital staff refers all patients that it cannot treat to specialty hospitals at the central level.

Level 4 – Central

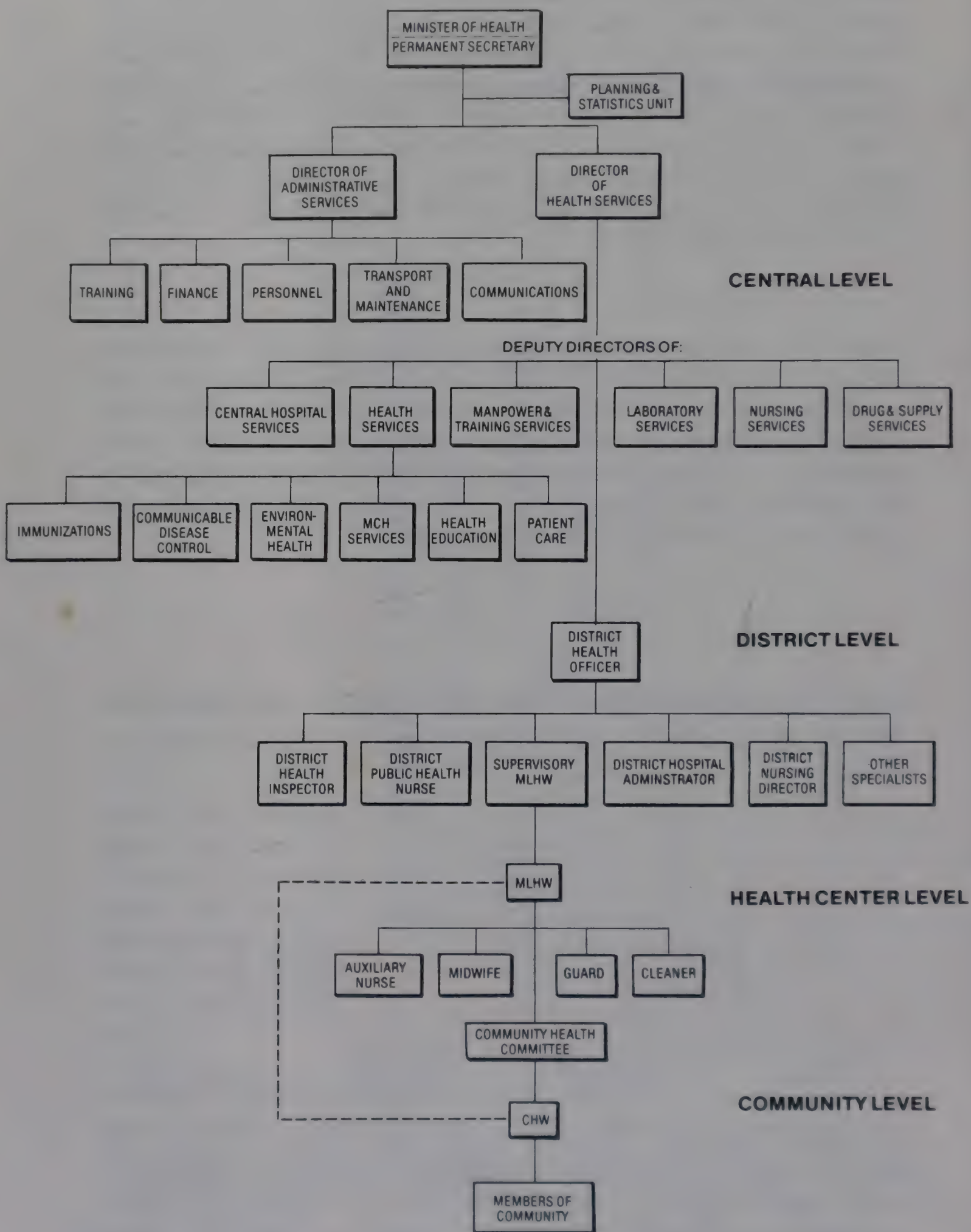
Health officials at the central level plan, coordinate, monitor, and evaluate the primary health care services in the country. Specialty hospitals at the central level provide specialty care for patients referred from district hospitals. Normally, specialty hospitals admit only referred patients. Central level officials provide professional support services such as a laboratory and pharmacy and management support services such as supplies and transportation to district level health personnel.

10.2 ORGANIZATION OF PRIMARY HEALTH CARE SERVICES

The primary health care services in the country are organized as shown in this diagram:

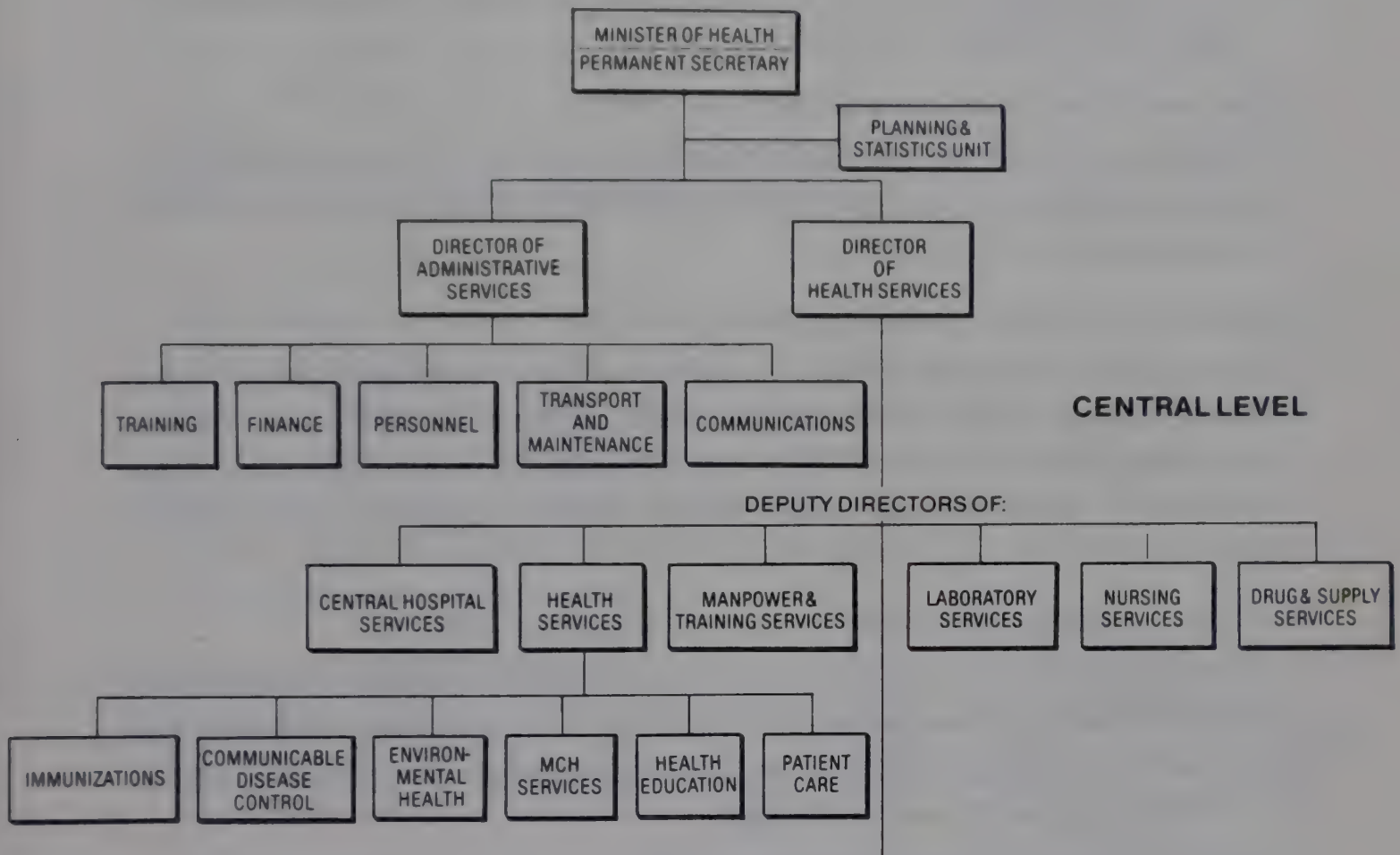


A more detailed diagram of primary health care services is shown below:



10.3 THE CENTRAL MINISTRY OF HEALTH TEAM

The central ministry of health team includes all health personnel working at ministry headquarters.



Job Descriptions for Central Ministry of Health Team

a. Minister of health

The minister of health is the leader of the ministry of health. He is appointed by the Prime Minister. The minister of health reflects the political will and health objectives of the government. He has overall responsibility for government provided health services in the country.

b. Permanent secretary

The permanent secretary is the technical advisor to the minister of health and director of the day to day operations of the ministry of health. The permanent secretary and the minister of health work together to make sure that the government meets its health objectives.

c. Director of planning and statistics

The director of planning and statistics is responsible for planning, evaluation, budgeting, and statistics within the ministry of health.

d. Director of administrative services

The director of administrative services provides management support in the areas of supplies, finance, personnel, transportation, maintenance, and communications for central ministry of health and district-level primary health care services.

e. Director of health services

The director of health services is responsible for all government health services in the country. The deputy directors within the central ministry of health and the district health officers located at the district level report to the director of health services.

f. Deputy director of central hospital services

The deputy director of central hospital services is responsible for all central hospital services, including the national referral hospital and the specialty hospitals.

g. Deputy director of health services

The deputy director of health services is responsible for planning, coordinating, and evaluating national primary health care services including immunizations, communicable disease control, environmental health, maternal and child health, health education, and patient care.

h. Deputy director of manpower and training services

The deputy director of manpower and training services is responsible for determining the ministry of health's health manpower needs, training and deploying health personnel, and providing continuing education for all types of health workers.

i. Deputy director of laboratory services

The deputy director of laboratory services is responsible for the central laboratory, which provides lab services for all government health facilities. He is also responsible for staffing, equipping, and quality control of branch laboratories located in district hospitals.

j. Deputy director of nursing services

The deputy director of nursing services is responsible for all nursing services in the country, including public health nursing.

k. Deputy director of pharmacy services

The deputy director of pharmacy services is responsible for the central pharmacy, which purchases and distributes drugs and medical supplies to all government health facilities. He is also responsible for monitoring branch pharmacies at district hospitals.

DESCRIPTION OF NATIONAL PRIMARY HEALTH CARE SERVICES

The six major areas of emphasis in national primary health care services are:

Immunization	Maternal and Child Health Services
Communicable Disease Control	Health Education
Environmental Health Services	Patient Care

Immunization

The goal of the ministry of health's immunization program is to immunize all children against the common childhood diseases. The ministry carries out the program at the district, health center, and community levels. Mid-level health workers and other team members give immunizations to children in the community and at the health center and then submit monthly statistics on the number of immunizations given.

Communicable Disease Control

The ministry of health provides special services aimed at the prevention and control of tuberculosis, malaria, leprosy, and other communicable diseases. These nationwide programs are carried out under the direction of district health inspectors and district public health nurses. Mid-level health workers follow up tuberculosis and leprosy patients on a regular basis and assist communities in special projects aimed at preventing or controlling disease.

Environmental Health Services

The ministry of health environmental health services include inspection of water supplies, food and meat inspection, rodent control, solid and human waste disposal, building inspections, and enforcement of sanitation regulations. These services are provided under the direction of district health inspectors. Mid-level health workers can seek assistance from district health inspectors in solving environmental health problems.

Maternal and Child Health Services

The maternal and child health services include prenatal and postnatal care for pregnant women, preventive and curative care for infants and pre-school children, school health, nutrition, and family planning programs. Mid-level health workers provide these services according to guidelines and norms established by the ministry of health.

Health Education

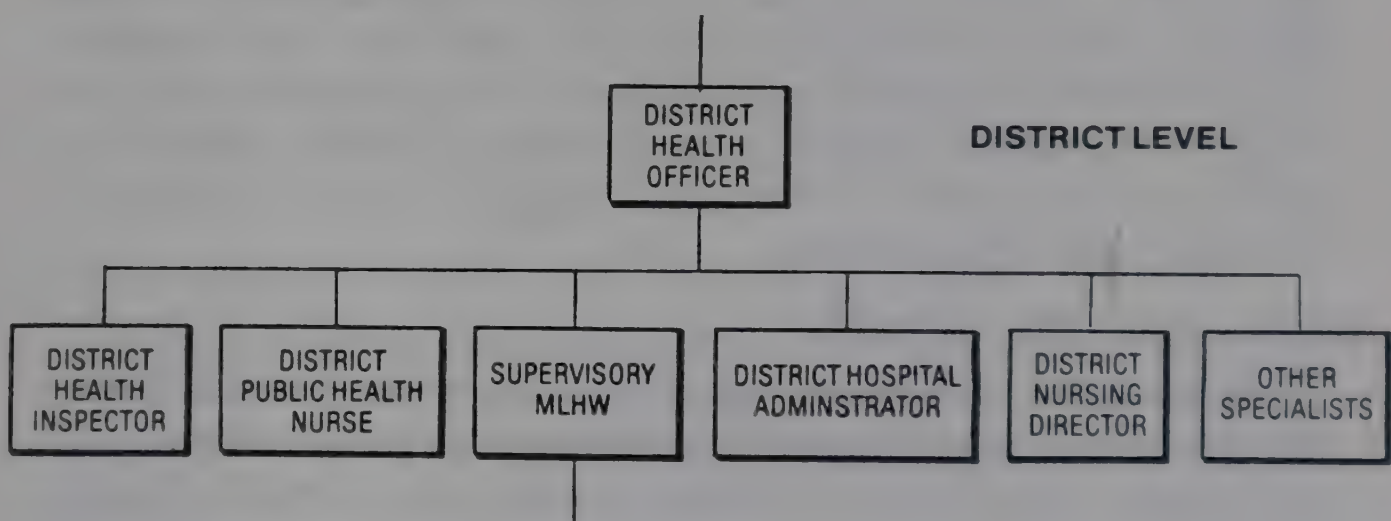
The ministry of health education department develops methods and materials for teaching individuals and communities how to promote and protect their health. Mid-level health workers use these methods and materials to provide health education in their health centers and in communities.

Patient Care

The Ministry of Health provides patient care at health centers and hospitals throughout the country. Mid-level health workers provide this patient care at health centers; doctors provide it at hospitals. Community health workers provide very simple patient care at the community level.

10.4 THE DISTRICT HEALTH TEAM

The district health team includes all health personnel working in a district.



Job Descriptions for the District Health Team

a. District health officer

The district health officer is responsible for planning, implementing, and evaluating all health services in the district. The district health officer has a team of officers to assist him in carrying out his work. He is the leader of this district health team. The district health officer, along with the supervisory mid-level health worker, provides support, supervision, and continuing education for mid-level health workers at the health centers in the district. The district health officer reports to the director of health services in the central ministry of health.

b. District health inspector

The district health inspector is responsible for the improvement of environmental health conditions in the district. He is a technical advisor to mid-level health workers and community health workers on environmental health and sanitation problems. He gives assistance in

areas such as building latrines, providing safe drinking water, getting rid of refuse and animal waste, and controlling animals and insects which spread disease.

c. District public health nurse

The district public health nurse is responsible for maternal and child health, family planning, nutrition, health education, immunizations, and communicable disease control in the district. She may provide advice and continuing education in these maternal and child health subjects to mid-level health workers when visiting health centers.

d. Supervisory mid-level health worker

The supervisory mid-level health worker is responsible for supervising mid-level health workers at health centers in the district. Mid-level health workers with several years of experience and superior skills are selected to be supervisory mid-level health workers. Supervisory mid-level health workers provide support, supervision, and continuing education for mid-level health workers by visiting health centers in the district on a regular basis. The supervisory mid-level health worker is a member of the district health team and reports to the district health officer.

e. Mid-level health worker

As a member of the district health team, the mid-level health worker is the link between the district level and the health center level of the primary health care system. In this role, the mid-level health worker explains ministry of health and district health policies to the health center team and to the community. More importantly, he serves as an advocate for the health center team and communities in their dealings with district level personnel. The mid-level health worker reports directly to the supervisory mid-level health worker, but works closely with other members of the district health team, especially the health inspector and the public health nurse.

f. District hospital administrator

The district hospital administrator is responsible for the management and operation of the district hospital, and the supervision of non-medical staff in the district. The district hospital is the referral facility for health centers in the district. It may also serve as a distribution point for drugs, medical equipment, and other supplies for health centers.

g. District nursing officer

The district nursing officer is responsible for the management of nursing services, including the assessment of staffing needs, recruitment, placement, and transfer, of nurses at the district hospital. The district nursing officer establishes and monitors standards for nursing care in the district.

h. Other specialists

Other specialists may be assigned to the district health team in order to meet special health needs in the district. These specialists may include nutritionists, mental health officers, health education specialists, and a variety of rural development officers. Assignments may be short term or long term, depending on the health needs in the district. District health teams sometimes have non-government members; for example, private practitioners, traditional healers, and representatives from religious institutions and other private organizations providing health services in the district.

DESCRIPTION OF THE DISTRICT HEALTH TEAM'S RESPONSIBILITIES

Within national policies and guidelines, the district health team is responsible for planning, coordinating, monitoring, and evaluating all health services in the district. Specific responsibilities include:

Identifying health needs in the district by conducting health surveys, analyzing health statistics, and consulting with community health committees and other members of the community

Developing a patient referral system in the district

Developing an annual work plan for the district. The work plan includes priorities for action, program objectives, and evaluation guidelines

Promoting the equitable development of primary health care services in the district; for example, giving priority to underserved communities in the allocation of health resources

Developing and maintaining management systems to support primary health care services in the district

Interpreting and implementing central policies in the district and making recommendations on health policy to central ministry of health officials

Maintaining ongoing communication with other government and non-government organizations in the district, and cooperating with them to improve the health status of people living in the district

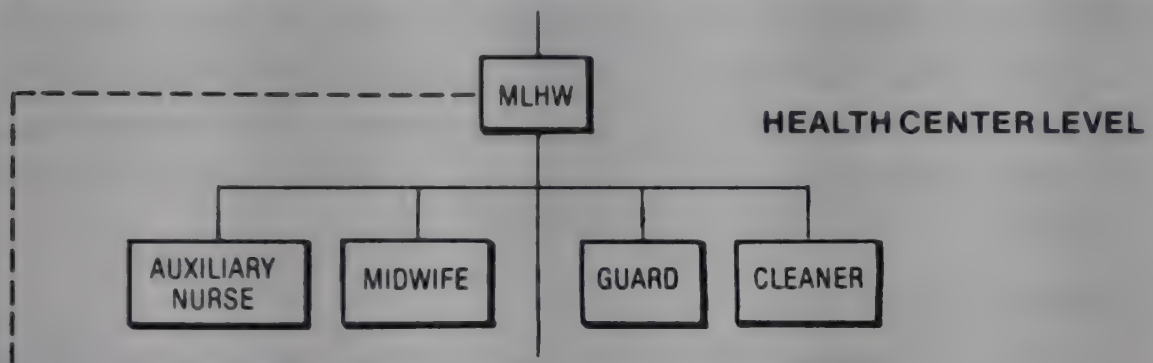
10.5 THE HEALTH CENTER TEAM

The health center team includes everyone working in the health center.

Job Descriptions for Members of the Health Center Team

a. Mid-level health worker

The mid-level health worker is responsible for providing and coordinating preventive, promotive, and curative services in the health center



and in communities near the health center. The mid-level health worker has a team of persons to assist him in carrying out his work. He is the leader of this health center team. The mid-level health worker provides support, guidance, and continuing education for team members. The mid-level health worker diagnoses and provides care for eighty percent to ninety percent of patients coming to the health center and refers the remaining cases to the district hospital. The mid-level health worker arranges support for the health team and coordinates the activities of the team. The mid-level health worker receives support and supervision from the district supervisory mid-level health worker.

b. Auxiliary nurse

The auxiliary nurse is responsible for assisting the mid-level health worker in providing promotive, preventive, and curative health services. The auxiliary nurse provides patient care under the supervision of the mid-level health worker and also may be assigned certain administrative responsibilities, such as inventorying drugs and making out a drug order. In the absence of the mid-level health worker, the auxiliary nurse manages the health center and refers emergency cases to the district hospital. The auxiliary nurse is a member of the health center team and is supervised by the mid-level health worker.

c. Midwife

The midwife is responsible for providing prenatal, postnatal, and midwifery services at the health center and in the community. The midwife

assists with normal deliveries and refers women with complications to the district hospital. The midwife is a member of the health center team and is supervised by the mid-level health worker.

d. Guard

The guard is responsible for security and minor maintenance and repair of health center buildings and equipment. He maintains the grounds of the health center, loads and unloads supplies, serves as a messenger, and provides other support services as requested. The guard is a member of the health center team and is supervised by the mid-level health worker.

e. Cleaner

The cleaner is responsible for cleaning the health center buildings and equipment, doing the health center laundry, and removing and burning trash. The cleaner also delivers messages, purchases supplies, and provides other support services as requested. The cleaner is a member of the health center team and is supervised by the mid-level health worker.

f. Other workers

Large health centers will have more health workers to handle the larger workload. These workers may include medical personnel such as nurses aides and health assistants and administrative personnel such as clerks, registrars, messengers, and drivers. Additional workers may also include persons from the local community who volunteer to work at the health center.

DESCRIPTION OF THE HEALTH CENTER TEAM'S RESPONSIBILITIES

Within national and district policies and guidelines, the health center team is responsible for providing primary health care services that meet the health needs of the people living in the health center's service area. Specific responsibilities include:

- Identifying health needs in the service area by analyzing health statistics and consulting with the community health committees and other people living in local communities

- Providing preventive, promotive, and curative services in the health center and in the community

- Reporting statistics and health information to the district level

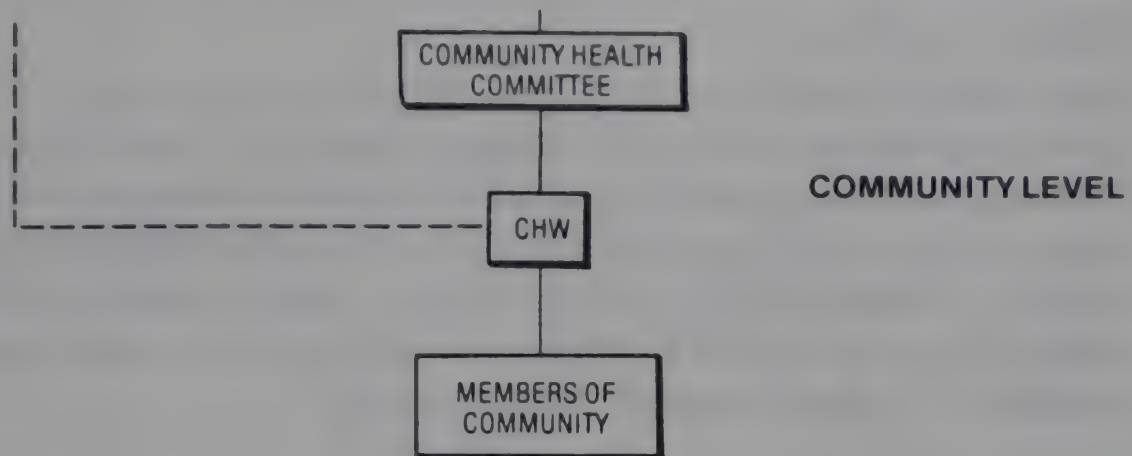
- Developing a patient referral system in the health service area

- Developing a weekly work schedule for the health center

- Mobilizing and maintaining logistical and community support for the primary health care services

10.6 THE COMMUNITY HEALTH TEAM

The community health team includes everyone in the community working for improved health.



Job Descriptions for Members of the Community Health Team

a. Community health committee

The community health committee is responsible for mobilizing and coordinating community support for health related activities in the community. The committee is made up of the community leadership or persons selected by the community leadership. The community health committee is responsible for selecting a community health worker for training. After the training, the committee supervises the day to day activities of the community health worker. The committee is the focal point for identifying health problems in the community and planning ways to solve these health problems.

b. Community health worker

The community health worker provides primary health care services in the community where he lives. The community health worker is responsible for promoting good health practices and providing preventive and limited curative health services. The community health worker helps the community to identify health problems and to solve them. The community health worker maintains contact with all members of the community, especially mothers and young children, ill persons, and persons needing health care. The community health worker recognizes and treats simple conditions and refers more difficult cases to the mid-level health worker. The community health worker motivates members of the community to carry out preventive

and promotive health activities. The community health worker works on a part time basis and receives support and guidance from the mid-level health worker, who visits regularly. The community health worker is responsible to the community health committee.

c. **Members of the community**

The members of the community cooperate with the community health worker in activities designed to improve health in the community. Members of the community volunteer their time and donate money and materials in order to carry out health projects in their community.

d. **Mid-level health worker**

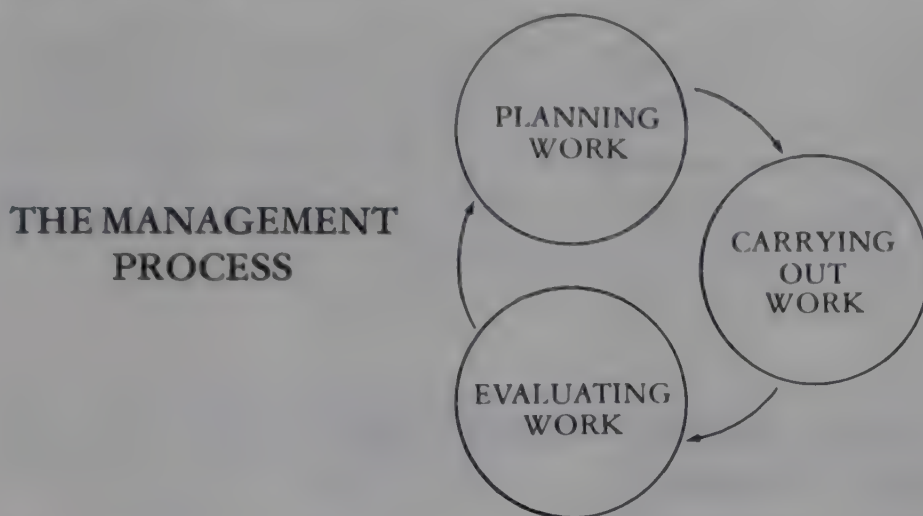
The mid-level health worker helps the community to assess its health needs and then to plan and carry out programs to meet those needs. The mid-level health worker is a resource person who gives advice and support to the community health committee. The community health worker is responsible to the community health committee, but the mid-level health worker provides technical guidance and continuing education for the community health worker.

SECTION 11

Management Guidelines for the Mid-Level Health Worker

11.1 THE MANAGEMENT PROCESS

The management of a health center is a continuous process of planning work, carrying out work, and evaluating work.



11.2 PLANNING WORK

Planning is the foundation of the management process. Good planning is essential to the success of a primary health care program.

Use these four steps in planning work at a health center:

- Identify health needs
- Identify health activities to meet health needs
- Select the best activities
- Decide how to carry out the health activities

STEP I

Identify the health needs in the community. Use these sources of information about health needs:

- Contacts with patients
- Interviews with community leaders
- Discussions with health workers
- Reports and records kept at the health center and at the district level
- Home visits and other contacts with individuals and families in the community
- Personal observations and experiences

Involve the community in identifying its health needs before carrying out a primary health care program.

STEP 2

Identify health activities to meet the health needs in Step 1. Examples of the types of health activities that you can carry out in a community are:

- Hold special clinics for malnourished children
- Train school teachers to provide health education to their students
- Carry out an immunization campaign
- Work with the local health committee to get a safe water supply in a community
- Conduct home visits for maternal and child health screening

STEP 3

From the activities listed in Step 2, select the best activities to meet the health needs identified in Step 1. Since resources are limited, select activities that use the minimum resources to meet the health needs of the community. To decide which activities require the least resources, list the resources needed to carry out each of the activities.

STEP 4

Decide how to carry out the activities selected in Step 3. Make sure that the following questions are answered:

- What work needs to be done?
- Who should do the work?
- How should the work be done?
- When should the work be done?

Work with the health team to write out a work plan for the health center. Base the work plan on the ministry of health's Standard Work Plan for Health Centers shown below. Adapt the Standard Work Plan to meet the health needs of your health center's service area. Involve the persons who control resources in planning the work. If they help to plan the work, they are more likely to participate in carrying out the work.

**MINISTRY OF HEALTH
STANDARD WORK PLAN FOR HEALTH CENTERS**

General clinics	five days a week
Maternal and child health clinics	two days a week
Home visits	three days a week
Community projects and meetings	one day a week
Visit each community health worker	once a month

Write out a weekly work schedule based on the health center's work plan. Post this schedule on the bulletin board of the health center and in other

public places in the community. See the sample weekly work schedule below. Note that in this schedule the mid-level health worker has set aside a few hours on Monday mornings for a visit by his supervisor and Friday mornings for administrative work.

WEEKLY WORK SCHEDULE

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MLHW	MORNING	<i>Supervisor's visit</i> <i>General clinic</i>	<i>General clinic</i>	<i>Visit CHW in Satitox</i>	<i>General clinic</i>	<i>Administrative work</i>
AUXILIARY NURSE		<i>General clinic</i>	<i>General clinic</i>	<i>General clinic</i>	<i>General clinic</i>	<i>General clinic</i>
MIDWIFE		<i>School health program</i>	<i>MCH clinic</i>	<i>Nutrition clinic</i>	<i>MCH clinic</i>	<i>MCH clinic</i>
MLHW	AFTERNOON	<i>Visit CHW in Makike</i>	<i>General clinic</i>	<i>Visit CHW in Satitox</i>	<i>General clinic</i>	<i>Community projects</i>
AUXILIARY NURSE		<i>General clinic</i>	<i>Follow-up patients in community</i>	<i>General clinic</i>	<i>Follow-up patients in community</i>	<i>General clinic</i>
MIDWIFE		<i>Home visits</i>	<i>Health Education Demonstration in Community</i>	<i>Home visits</i>	<i>Mothers club meeting</i>	<i>Home visits</i>

Keep a monthly work schedule which lists all the routine and special activities planned during the month. See the sample work schedule for the month of September 1982.

MLHW'S MONTHLY WORK SCHEDULE

SEPTEMBER 1982

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1 Review health center work with supervisor	2 Compile reports and statistics for August	3 submit monthly supply order	4	5	6
7	8 visit CHW in Makiki with supervisor	9 meet with community about fly control	10	11 motorcycle to garage for six-month check	12	13
14	15 Review immunization program with supervisor	16 Start Environmental Health Education Program	17 Health Education at Primary School	18 special visit by District Officer	19	20
21	22 Visit by supervisor	23 Attend health committee meeting	24	25 Regular monthly visit by public health nurse	26 Attend District Health Team meeting	27
28	29 Review well project with supervisor	30 Meet with community about well project				

11.3 CARRYING OUT WORK

After planning the work at a health center, follow these three steps in carrying out the work:

STEP 1 ASSEMBLE THE RESOURCES

Assemble the resources needed to do the work. Resources available at a health center include the health team; members of the community; and health center facilities, equipment, and supplies.

STEP 2 PROTECT AND CONSERVE RESOURCES

Protect resources so they will be available when needed. Conserve resources so there will be enough resources to do the work. Properly handle, store, and distribute materials needed to do the work. Support the people doing the work and keep their morale and enthusiasm high. Use resources well and it will have the same effect as expanding the resources.

STEP 3 USE RESOURCES

Substitute the next best resource when the most appropriate resource is not available. Work with the health center team to write out a Things to Do List. Include all the major tasks that the team must do. Review the list weekly to make sure that the tasks are being completed according to schedule. Add new tasks to the list as they arise. See the sample Things to Do List shown below.

THINGS TO DO LIST		
TASK	ASSIGNED TO	DATE TO BE COMPLETED
1. Send messages to community health workers inviting them to meeting on May 10	Sione	May 2
2. Order vaccines for school immunization program	Tuvasa	May 8
3. Discuss gardening project with health committee	Sione	May 12
4. Move the pit latrine	Sene	May 5
5. Prepare health education posters for maternal and child health clinics	Tuvasa	May 31
6. Take motorcycle to garage for repairs	Sione	May 20
7. Clean and spray insecticide in the storeroom	Sene	May 30

11.4 EVALUATING WORK

Continuously evaluate the health team's work. Evaluation improves the quality of the work and ensures that the activities on the work plan and the work schedules are being carried out.

Use these four steps to evaluate the work:

Gather information

Analyze information

Identify needed improvements

Take corrective action

STEP 1

Gather as much objective information as possible about the work being done. Gather information from these sources:

Records, reports, and your diary

Interview with patients, health workers, and members of the community

Your own observations and experiences

STEP 2

Analyze the information gathered in Step 1. Compare the work actually done with the work that was planned. See if there are large differences between the work that was planned and the work that was actually done. Determine what is causing the differences. Perhaps the problem is that the health center team is not working hard enough. Or maybe the plans are wrong and need to be corrected rather than changing the work performance of the team. Use good judgement in analyzing information about the work.

STEP 3

Identify possible improvements in the work. Decide whether changing or rescheduling the work itself or changing or rescheduling the work of team members is called for.

STEP 4

Take action to improve the work so that the team can better meet the health needs of the community.

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